



BACC SUMMER PROGRAM APPLICATION

Funded by The Children's Trust. The Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.

Designed for Children identified with Emotional/Behavioral Disabilities
(or other disabilities who may benefit from a social skills curriculum)

Transportation and Lunch Provided

This summer program is provided at no charge for participants who are accepted.

INSTRUCTIONS:

Complete this form including the recommendation from your child's current teacher. If your child is not currently attending the BACC After School Program, a copy of your child's current IEP must accompany this application.

Complete the Emergency Contact Information form.

Sign and return the completed application form, Emergency Contact Information form, Child Information Form, and The Children's Trust Voluntary Consent for Photography and Communication form to your child's teacher or fax to:

(305) 756-7096

| | | |
|----------------------------------|-------------|------------|
| I. Applicant Information: | First Name: | Last Name: |
| Address: | | Phone: |
| School: | | Teacher: |

| | |
|---|-------|
| <u>II. Teacher Recommendation:</u> | |
| <p>This applicant has good attendance: Check one) <input type="checkbox"/> Y <input type="checkbox"/> N</p> | |
| Teacher's Signature: | Date: |

Program Description: BACC provides safe structured summer activities for participants who have been identified with Emotional/Behavioral Disabilities or other disabilities. Program participants are provided reading instruction, physical fitness and recreational activities, enrichment activities, and social skills training by experienced teachers and counselors. A ratio of one staff member for every seven participants is maintained. A positive strength-based approach is used by program staff. Activities are designed to promote the development of effective communication and problem solving skills, responsible behavior, and good citizenship. Children selected must participate for the entire six weeks of the program and attend daily.

Transportation: Your child will be transported by a contracted bus company.

Behavior Management: BACC uses positive reinforcement and behavioral interventions to promote learning and a safe environment. Participants may be withdrawn from the program after the third behavioral incident reported to the parent.

I agree to have my child participate in the summer program described above. My child will participate for the entire six weeks of the program and will attend daily. I give permission for my child to be transported, and I understand the behavior management component of the program.

| | |
|-------------------|-------|
| Parent Signature: | Date: |
|-------------------|-------|

BACC, Inc.
Emergency Contact Information
Out of School

Date: _____

Client _____

Home Phone _____

Address _____

Cell Phone _____

Pager _____

Mother _____

Work Phone _____

Work Location _____

Father _____

Work Phone _____

Work Location _____

Legal Guardian _____

DC&F Custody Yes

Case Worker _____

No

Phone _____

If parents cannot be reached, contact:

Name _____

Relationship _____

Address _____

Phone _____

Family Doctor _____

Phone _____

Psychiatrist _____

Phone _____

Insurance Company _____

Policy # _____

Preferred Hospital _____

Allergic to: _____

Current Medication (s) _____

History of seizures Yes No

Health concerns _____

I authorize medical treatment for my child in case of accident or illness, in case I can't be reached.

Parent/Guardian Signature

Date

QI rev. 9/05, 2/09

CJJ 2/09



Child Information Form

Child's*: Last Name _____, First Name _____ Middle Initial _____

Mother's: Last Name _____, First Name _____ Middle Initial _____

Father's: Last Name _____, First Name _____ Middle Initial _____

Does child live with a legal guardian other than mother or father? Yes No
If yes, **Guardian's:** Last Name _____, First Name _____ Middle Initial _____

Street Address* _____ **City*** _____ **ZIP Code*** _____

Parent/Guardian Phone _____ **Work Phone** _____ **Email** _____

Child's Gender* Male Female **Child's Date of Birth (mo/day/yr)*** _____

Child's Race*: American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, please specify _____

Child's Ethnicity*: Hispanic Haitian Other, please specify _____

Child's Country of Origin: _____

Is Child Proficient in English?* Yes No

Additional/Other language(s) spoken in the home*: Spanish Haitian-Creole Other _____

Child's Social Security number*: _____ No SSN; prefer not to give SSN

MDCPS ID Number*: _____ No MDCPS ID; prefer not to give MDCPS ID

Child's Current Grade*: _____ **Child's Current School*:** _____

Does child have health insurance (ex., private insurance, KidCare, Medicaid)?* Yes No
(If not, The Children's Trust may be able to help you find affordable coverage—call 211)

Does child have a documented disability?* Yes No

- If yes, do you have (check all that apply):*
- an Individualized Family Service Plan (IFSP; if under 3 years old)
 - an Individualized Education Plan (IEP) from the school system
 - a Section 504 Plan
 - a medical diagnosis from a doctor
 - a diagnosis by a state certified/licensed professional (ex., psychologist)
 - disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the type(s)? (check all that apply):

- Autism Spectrum Disorders
- Chronic Medical Condition
- Developmental Delay (under 5 only)
- Emotional and/or Behavioral Disorder
- Hearing Impairment (or deaf)
- Intellectual Disability (or mental retardation)
- Learning Disability
- Physical Disability
- Speech/Language Impairment
- Visual Impairment (or blind)
- Other Disability _____

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes.

PARENT/GUARDIAN SIGNATURE*: _____ **DATE:** _____

For Staff Use Only (MUST BE COMPLETED)

ORGANIZATION: _____ SITE LOCATION: _____



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

I hereby:

consent and authorize or do not consent and authorize

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.



BACC, Inc. Summer Program 2010

Lunch, Field Trips and Transportation Provided

The Bertha Abess Children's Center, Inc. (BACC) has been awarded funding for summer programs through The Children's Trust of Miami-Dade County. BACC Summer Programs for Children identified with Emotional/Behavioral Disabilities, or other disabilities, will run for six weeks. Enrollment will be limited to 25 participants at each school site. Two classrooms will be used. Staffing will include 1 teacher/coordinator, 2 teachers, and 1 counselor. Lunch and transportation will be arranged by BACC. Participants selected must participate for the entire six weeks of the program, and attend daily.

Program participants will be provided reading instruction, field trips, recreational and enrichment activities, and social skills training by experienced teachers and counselors. A master's degree level program supervisor will organize and monitor each site. A ratio of one staff member for every seven participants will be maintained. A positive strength-based approach will be used by program staff. Activities will be designed to promote the development of effective communication skills, problem solving skills, anger management, responsible behavior, citizenship, character education and team building. Parents will receive daily notes indicating the activities of the day and the participant's performance. Parents of selected participants will be contacted by phone by June 11, 2010.

Participant Selection Criteria

A summer program participant selection committee will review all applications.

Priority will be given to applicants who:

- have been identified as a child with emotional/behavioral disabilities
- have had good school attendance, and will have family support to ensure daily participation for the entire six weeks of the summer program
- are likely to benefit from a structured summer program
- are likely to adhere to safety rules with guidance from staff