



## Summer Camp Enrollment Form

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Child's Date of Birth (MM/DD/YYYY) 

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 Child's Current Age \_\_\_\_\_

Child's Gender ☐ Male ☐ Female ☐ Other

Child's Upcoming School Name \_\_\_\_\_

Child's Grade for the Upcoming School Year \_\_\_\_\_ Special Education Student ☐ Yes ☐ No

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Note:** Child must reside in Alachua County.

Child's Race (select one): ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American  
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Multiracial ☐ Other \_\_\_\_\_

My Child is: ☐ Hispanic/Latino or ☐ Non-Hispanic/Latino

Child's Parent/Guardian \_\_\_\_\_

Language Spoken at Home: ☐ English ☐ Spanish ☐ Other, Please Specify \_\_\_\_\_

English Language Proficient: ☐ Yes ☐ No

Parent Email \_\_\_\_\_ Primary Phone 

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Is this a cell/mobile phone? ☐ Yes ☐ No

How did you hear about this program? \_\_\_\_\_

I give my permission for this information along with my child's attendance to be submitted to the Children's Trust of Alachua County for payment, program monitoring and evaluation. The Children's Trust provides funding for this program. Information provided to the Trust that identifies your child will be kept private, in a secure system, not shared with unauthorized individuals, and only used for accountability, evaluation, and program improvement.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I hereby: ☐ **consent and authorize** ☐ **do not consent and authorize**  
the staff of The Children's Trust of Alachua County and/or its funded service providers to take/use still photographs, digital photographs, motion pictures, television transmissions and/or videotaped recordings (hereinafter "Recordings") of me, my children or my wards for educational, research, documentary and public relations purposes.

Date Completed: \_\_\_\_\_

Record ID \_\_\_\_\_ Family ID: \_\_\_\_\_

**Your Child’s Planned Attendance:**

Children are expected to attend a minimum of 3 days per week.  
Please mark with an “☒” each day your child will attend:

June 2025							July 2025							August 2025						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3*	4☐	5☐	6☐	7			1☐	2☐	3☐	4☐	5						1☐	2
8	9☐	10☐	11☐	12☐	13☐	14	6	7☐	8☐	9☐	10☐	11☐	12	3	4☐	5☐	6☐	7☐	8☐	9
15	16☐	17☐	18☐	19☐	20☐	21	13	14☐	15☐	16☐	17☐	18☐	19	10	11*					
22	23☐	24☐	25☐	26☐	27☐	28	20	21☐	22☐	23☐	24☐	25☐	26							
29	30☐						27	28☐	29☐	30☐	31☐									

\*school ends on June 3, 2025; \*school starts on August 11, 2025.

Holidays: June 19<sup>th</sup> is Juneteenth; July 4<sup>th</sup> is Independence Day

**Total Days Expected to Attend:** \_\_\_\_\_

The Children’s Trust summer camp scholarships are available for low- and middle-income children so they can have access to quality summer camp opportunities. The Children’s Trust wants to see scholarships are received by those who can most benefit and might not otherwise be able to participate in these experiences. To qualify for a Children’s Trust scholarship children must:

- 1) Live in Alachua County.
- 2) Be entering Kindergarten through 12<sup>th</sup> grade in the 2025-2026 school year.
- 3) Meet one or more of the following scholarship criteria:

**Scholarship Eligibility** (check all that apply):  
*Supporting document for one selection must be provided to verify eligibility.*

☐ Family at or below 300% of 2025 federal poverty guidelines

**2025 Poverty Guidelines**

Persons in Family/Household	300% of Poverty Guidelines	Family/Household (please complete)	
2	\$63,450	# of Adults:	
3	\$79,950	# of Children:	
4	\$96,450	Total Persons:	
5	\$112,950	Annual Household Income:	
6	\$129,450		
7	\$145,950		
8	\$162,450		

For families/households with more than 8 persons, add \$16,500 for each additional person.

Source: [HHS Poverty Guidelines for 2025](#)

- ☐ Family receiving SNAP benefits
- ☐ Child is in foster care, voluntary formal kinship care, or under case management supervision

## **Scholarship Eligibility (continued):**

*Supporting documentation must be provided to verify eligibility in one category.*

### Acceptable Documentation:

#### **1) Family at or below 300%.**

- Income Statements (Pay stubs or Proof of income statements)
- 2024 Tax Return
- Letter from Employer

#### **2) Family receiving SNAP benefits**

- SNAP Eligibility Form or Letter Date on or after May 1, 2025.
- Note: A copy of a SNAP or EBT card is not accepted, as it does not have a date.

#### **3) Child is in foster care, voluntary formal kinship care, or under case management supervision**

- Placement letter

## **Alachua County Residency Must be Verified.**

Scholarship Eligibility Documentation Provided

Type of Documentation Provided\_\_\_\_\_

# of Adults in Household:\_\_\_\_\_

# of Children in Household:\_\_\_\_\_

Annual Household Income:\_\_\_\_\_

Collection and verification of scholarship eligibility is required prior to attendance.