ZOO MIAMI CAMP
2017 Scholarship Application Form

Please print clearly

Child's First Name: _____ **Last Name:** _____

Birth date: _____ **Age:** _____ **M__ F__**

Current School: _____ **Grade:** _____

Address: _____**City:** _____ **Zip code:** _____

Race: ☐ Asian ☐ Black or African American ☐ American Indian or Alaskan
☐ Pacific Islander ☐ White ☐ Other ☐ Multiracial

Ethnicity: ☐ Hispanic ☐ Haitian ☐ Other

Military Family: __Yes __ No

Involved with DFC, Our Kids, full case management agencies, and/or family courts? __Yes __No

Involved with the Department of Juvenile Justice, Juvenile Services Department, and/or diversion/Civil Citation programs? __Yes __ No

CHILD'S MEDICAL INFORMATION

Allergies: YES ____ NO____ **Medical conditions:** YES ____NO____

Medications: YES ____ NO____ **Disabilities:** YES ____NO____

If yes, please select primary disability type: (Mark all that apply)

☐ Physical Disability or Impairment ☐ Medical Condition or Illness ☐ Hearing Impairment or Deaf
☐ Visual Impairment or Blind ☐ Speech or Language Condition ☐ Speech or Language Condition
☐ Autism Spectrum Disorder ☐ Development Delay ☐ Learning Disability ☐ ADHD/ADD
☐ Depression or Anxiety ☐ Aggression ☐ Intellectual/Developmental Disability

The **Medical Form** must be filled out and submitted with this **Registration Form**. If medications need to be dispensed by Camp Staff, an **Authorization to Dispense Medication** form (below) is required.

Camp Information

T-Shirt size: Child S___ M___ L___ Adult S___ M ___ L ___

Name(s) PARENT/GUARDIAN

First _____ Last _____ Phone _____ Email _____

First _____ Last _____ Phone _____ Email _____

Additional Authorized Persons: Pickup only

First _____ Last _____

First _____ Last _____

First _____ Last _____

First _____ Last _____

Check week(s) that camper will attend (Limit of four)

	Normal 8:30-4:30	Extended 8:30-5:30		Normal 8:30-4:30	Extended 8:30-5:30
Week 1: Jun 12-16	_____	_____	Week 6: Jul 17-21	_____	_____
Week 2: Jun 19-23	_____	_____	Week 7: Jul 24-28	_____	_____
Week 3: Jun 26-30	_____	_____	Week 8: Jul 31-Aug 4	_____	_____
Week 4: Jul 3-7	_____	_____	Week 9: Aug 7-11	_____	_____
Week 5: Jul 10-14	_____	_____	Week 10: Aug 14-18	_____	_____

WAIVER: I *(print name)* _____, *parent/legal guardian of the camper give permission for my child to participate in the Zoo Miami Foundation (ZMF) camp program. Neither the ZMF or Zoo Miami (ZM), Miami-Dade County (MDC) or their employees will be liable for any camper for injury or damage to any person or property arising out of the use of ZM facilities during this program. All participants and chaperones agree to waive any and all claims against the ZMF, ZM, MDC or its employees arising from the child's participation in this program and presence at Zoo Miami. I have read the registration and medical sections and have supplied accurate information and I can be reached at the numbers listed above. I authorize ZMF to transport and/or obtain medical services for my child if necessary.*

Signature of Parent/ Guardian*:* _____ **Date***:* _____

Photo policy: Visitors to Zoo Miami may be photographed or videotaped during their visit. Their likeness may be used for marketing, advertising or public relations purposes without compensation.

Zoo Miami Summer Camp

Medical Form

Submit this form with the Registration Form above

Use additional **Authorization to Dispense Medication**(s) if needed.

Medical Information

Child's name: _____ Age_____

Physician's name: _____

Phone: _____

Allergies: _____

_____

_____

Health condition(s):_____

_____

_____

_____

Medications: _____

_____

_____

Zoo Miami Foundation
12400 SW 152 Street, Miami, Florida 33177

Zoo Miami Summer Camp

Authorization to Dispense Medication

Submit this form with the Registration Form if you need Camp staff to administer medication to your child.

Child's name: _____ Age_____

Health condition(s):_____

_____

_____

Physician's name: _____

Phone: _____

Physician's address: _____

City/Zip Code: _____

Medication: _____

Dosage: _____

When medication must be administered: _____

Directions on how to administer medication: _____

_____

Zoo Miami Foundation
12400 SW 152 Street, Miami, Florida 33177

Zoo Miami Summer Camp 2017 Scholarship Information

Zoo Miami Foundation offers tuition assistance for children to attend Zoo Miami Camps. This Scholarship is funded partly by The Children's Trust and Miami Dade County Cultural Affairs Department. Scholarships for Zoo Miami Summer Camp 2017 are awarded on a competitive basis of financial need and interest in environmental conservation. Families **must be Miami Dade residents** and are responsible for transportation to and from the Zoo.

You may apply for 4 weeks (Monday–Friday) of camp weekly sessions, with optional extended care included. Camp sessions are provided based on eligibility. All registration fees will be covered for scholarship recipients.

- Applications MUST BE EMAILED OR POSTMARKED by **Friday, May 12, 2017.**
- You will be notified by email **on the week of May 22nd** if you have or have not been awarded a scholarship**.** Applicants do not need to email or call Zoo Miami Foundation in regards to the status of their application.
- **Please note:** Incomplete, late, or faxed applications will not be reviewed.

HOW TO APPLY FOR A SCHOLARSHIP:

Please fill out the Application Form with financial information, a description on how the child would benefit from attending Zoo Camp, indicating the weeks of camp you are applying for, the medical form, and the Children's Trust Information Form. All information is kept confidential.

Email completed Application Form to: education@zoomiami.org with *Scholarship* in the subject line.

or

Mail completed Application Form to:

Summer Camp Scholarships
Zoo Miami Foundation
12400 SW 152 Street
Miami, Florida 33177-1499

Zoo Miami Summer Camp 2017
Scholarship Application

Describe the camper(s) interest in environmental conservation and how they would benefit from camp:

Scholarship recipients will be asked to complete a pre and post program assessment. This is intended to document improved science skills and positive peer relationships. Parents and camper grantees will also be asked to participate in a Client Satisfaction Survey at the end of the program. Names will be kept confidential if requested.

Income and Employment Information

Head of Household: _____

Employer's Name: _____

Address: _____

Phone Number: _____ Gross Annual Income 2016: _____

Spouse: _____

Employer's Name: _____

Address: _____

Phone Number: _____ Gross Annual Income 2016: _____

Total Gross Annual Household Income: _____

Does the applicant receive or does he/she qualify for free/reduced meals at school? Yes __ No __

Zoo Miami Summer Camp 2017
Scholarship Information

Please submit the documents as specified below and indicate the type of documentation attached to this application:

☐ A photocopy of the prior year income tax return (1040) with the attached W-2 form

AND

One of the following:

☐ Two (2) most recent pay stubs/checks for each employer listed above **OR:**

☐ Proof of unemployment benefits, Social Security Income, Supplemental Security Income, Medicaid Card, and/or Food Stamps

What else, if anything, would you like the Scholarship Awards Committee to know?

I hereby attest that to the best of our knowledge, the information provided on this form is true, complete and accurately reflects the income of all persons living in our household. I further hereby give approval to the Zoo Miami Foundation (ZMF) to contact the employers listed for verification purposes.

The ZMF reserves the right to require additional documentation when deemed appropriate. This application is valid for the current calendar year.

I realize that scholarships are subject to funds available and that awards will be made in an equitable fashion at the discretion of the Zoo Miami Foundation Scholarship Awards Committee.

_____

Parent's/Guardian's Signature Date

_____

Parent's/Guardian's Name (Please print)

All information will be kept confidential.

CHILD INFORMATION FORM

Child's Last Name_____, **First** _____ **Middle** _____

Child's Date of Birth (mo/day/yr) ☐☐ ☐☐ ☐☐☐☐

Child's Gender ☐ Male ☐ Female

Last 4 Digits ONLY of Child's Social Security# ☐☐☐☐ ☐ No SSN

Miami-Dade County Public School ID# ☐☐☐☐☐☐☐ ☐ No MDCPS ID

Child's Current School _____

Is your Child Proficient in English? ☐ Yes ☐ No

Other Language(s) Spoken in the Home ☐ Spanish ☐ Haitian-Creole ☐ Other_____ ☐ None

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

Child's Ethnicity ☐ Hispanic ☐ Haitian ☐ Other

Child's Race (select only one) ☐ Asian ☐ Black or African American ☐ Pacific Islander ☐ White ☐ Other ☐ Multiracial ☐ American Indian or Alaskan

Child's Current Grade ☐☐

Does Child Have Health Insurance (ex., private insurance, KidCare, Medicaid)**?** ☐ Yes ☐ No

(If not, we may be able to help you find affordable coverage-call 211 or visit www.thechildrenstrust.org)

Child's Primary Caregiver (full name)

_____

Primary Caregiver Email

_____

Primary Phone ☐☐☐ ☐☐☐ ☐☐☐☐

(You may be contacted by The Children's Trust to ask about your satisfaction with these services)

We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child…

What are the main ways your child communicates? (Mark all that apply)

- ☐ Speaks and is easily understood
- ☐ Speaks but is difficult to understand
- ☐ Uses sign language
- ☐ Uses communication devices like pictures or a board
- ☐ Uses gestures like pointing, pulling or blinking
- ☐ Uses sounds that are not words like crying or grunting

What, if any, help does your child receive at this time? (Mark all that apply)

- ☐ Speech/language therapy
- ☐ Occupational therapy (OT)
- ☐ Physical therapy (PT)
- ☐ Daily medication (not including vitamins)
- ☐ Special education services in school
- ☐ Behavioral therapy or services
- ☐ Counseling for emotional concerns
- ☐ None

What conditions does your child have that are expected to last for a year or more?
(Mark all that apply)

- ☐ Physical disability or impairment
- ☐ Medical condition or illness
- ☐ Hearing impairment or deaf
- ☐ Visual impairment or blind
- ☐ Speech or language condition
- ☐ Autism spectrum disorder
- ☐ Developmental delay (only if under age 5)
- ☐ Learning disability (school-age)
- ☐ Problems with attention or hyperactivity (ADHD/
- ☐ Problems with depression or anxiety
- ☐ Problems with aggression or temper
- ☐ Intellectual/developmental disability (over age 5)
- ☐ None of the above

If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? ☐ Yes ☐ No

To support your child's successful participation in this program, in what areas might s/he need extra assistance? ☐ No specific help needed

- ☐ Holding a crayon/pencil, writing, using scissors or other fine motor tasks
- ☐ Sports or physical activities like running or other gross motor tasks
- ☐ Managing feelings and behavior
- ☐ Academic, learning or reading activities
- ☐ Adapting activities to take into account a visual or hearing impairment
- ☐ Using assistive device(s) like a wheelchair, crutches, brace or walker
- ☐ Personal services like help with feeding, toileting or changing clothes
- ☐ Other _____

Please tell us anything else you think it is important for us to know about your child

_____

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org

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

PARENT/GUARDIAN SIGNATURE _____
DATE_____

FOR STAFF USE ONLY (*MUST BE COMPLETED*)

ORGANIZATION_____
SITE_____

POPULATION MEMBERSHIP (check all that apply): ☐Dep Syst ☐Delin Syst