Alper JCC MIAMI

July 2025

Dear Children's Trust Applicants,

The Dave and Mary Alper JCC, with generous funding from The Children's Trust, is able to offer a limited number of partial scholarships for our 2025 - 2026 School Year.

The Children's Trust program is well known in the community, and there is a great demand for space in our programs. We are one of the few providers in the Kendall area, so we want to ensure that we are serving the children and families with the greatest financial need.

Please know that attendance is daily MANDATORY for the school year. Failure to keep a positive attendance record may cause enrollment to be terminated. <u>This application does not guarantee acceptance into the program</u>.

In order for us to make an informed decision as to who qualifies for a scholarship, each applicant must provide the following information. **Please check off that ALL of the following paperwork is completed and turned in:**

- ☐ This **entire** attached Children's Trust application
- ☐ A letter of need- documenting reasons or circumstances for need of this scholarship.
- ☐ Copy of your complete 2024 Tax Return (If you are divorced or you file separately, you must provide **<u>BOTH</u>** parents' tax returns.) **Applications will ONLY be considered with your 2024 Tax Return.**
- ☐ Your child's IEP or a section 504 plan (if applicable)
- ☐ Complete the After-School care application once accepted/denied (Application found on www.alperjcc.org/jdays)

Each document must be uploaded to alperjcc.org/trust. Please title each Document with your child's name and the document name (ex: John Doe – 2024 Tax Return)

If accepted, payment for program must be made by credit card, cash, or check made payable to the Alper JCC. **Please note, your child will be required to take part in assessments throughout the school year to track their progress in our program. Depending on academic need, children may be required to participate in our Reading Intervention program.**

It is the mission of the Dave and Mary Alper JCC to ensure that we serve the families with the greatest need. **Previous enrollment does not guarantee an automatic renewal.** You will be notified if a scholarship will be awarded to your family. Kindly submit the required documentation by August 1, 2025

Sincerely,
The Jdays Team

AFTERSCHOOL 2025-2026

CHILD/YOUTH INFORMATION FORM

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

Child's Date of Birth (MM/DD/YYYY) _____/_____/_____ **Child/Youth Gender** ☐ **Female** ☐ **Male**

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

Child's Primary Caregiver (full name)

Primary Phone Number (_____) _____ -_____ **Is this a cell/mobile phone?** ☐ Yes ☐ No

Primary Caregiver Email Address _____

Please note that The Children's Trust may contact you via postal mail, email and/or text to ask about your satisfaction with services, and to make you aware of other Trust-funded programs, initiatives and events that may interest you.

Miami-Dade County Public Schools ID # _____ _____ _____ _____ _____ _____ _____ ☐ No M-DCPS ID #

ALL STUDENTS ATTENDING PUBLIC OR CHARTER SCHOOLS MUST HAVE A SCHOOL ID # ENTERED.

Child's Current School: _____ **Child's Current Grade (Pre-K – 12th)** _____

Is your child proficient in English? ☐ Yes ☐ No

Other language(s) spoken in your home ☐ Spanish ☐ Haitian Creole ☐ Other: _____ ☐ None

Child's Ethnicity ☐ Hispanic ☐ Haitian ☐ Other, please specify:

Child's Race (select one):

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

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

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

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

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

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

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

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

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

Do any of the conditions noted 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?

- ☐ 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
- ☐ No specific help needed

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

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/parents/health-connect/insurance.

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org. For special needs resources for your child, visit www.advocacynetwork.org or www.thechildrenstrust.org/content/children-disabilities.

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 and follows strict data privacy protections for the information collected (for example, following the Family Educational Rights and Privacy Act/FERPA guidelines).

PARENT/GUARDIAN SIGNATURE _____ **DATE**

FOR STAFF USE ONLY (*MUST BE COMPLETED*)
ORGANIZATION _____ SITE
POPULATION MEMBERSHIP (check all that apply): ☐Dep Syst ☐Delin Syst

PARENT, GUARDIAN, OR PRIMARY CAREGIVER INFORMATION FORM

Parent/Guardian's Last Name _____ **First** _____ **Middle Name**

Date of Birth (MM/DD/YYYY)) _____/_____/_____ **Gender** ☐ Female ☐ Male ☐

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

Primary Phone Number (_____**)** _____ **-**_____ **Is this a cell/mobile phone?** ☐ Yes ☐ No

Email Address

Please note that The Children's Trust may contact you vial postal mail, email and/or text to ask about your satisfaction with services, and to make you aware of other Trust-funded programs, initiatives and events that may interest you.

Are you a parent, guardian or primary caregiver? ☐ Yes ☐ No

How many children are in your care?

How many of the children in your care have a disability or condition expected to last for a year or more that makes it harder for them to do things that other children of the same age can do?

What is the highest level of education you've completed?

Grade _____ ☐ HS Diploma/GED ☐ Some College ☐ Associate Degree ☐ Bachelor's Degree ☐ Graduate Degree

Are you proficient in English? ☐ Yes ☐ No

Other language(s) spoken in your home ☐ Spanish ☐ Haitian Creole ☐ Other: _____ ☐ None

Ethnicity ☐ Hispanic ☐ Haitian ☐ Other, please specify:

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

If you are interested in other services funded by The Children's Trust, please call 211 or visit www.thechildrenstrust.org.
For special needs resources for your child/youth, visit www.advocacynetwork.org or www.thechildrenstrust.org/content/children-disabilities.

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PARENT/GUARDIAN SIGNATURE _____ **DATE**

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ORGANIZATION _____ SITE

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

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

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

I hereby:

☐ **consent and authorize** **OR** ☐ **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade 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.

_____
Signature of Parent or Guardian

_____
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 and its funded service providers.

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 and its staff, funded service providers, employees, agents, affiliates and board members.

3150 SW 3rd Avenue, 8th Floor ● Miami, FL 33129
305.571.5700 ● Fax: 305.857.9592
www.thechildrenstrust.org

Alper JCC MIAMI

Child's Name _____

Notice to Parents of Client Confidentiality:

Alper JCC Miami and its staff will keep all participant information confidential. Information sharing shall only occur with parties such as our funders and relevant staff.

I have read the above and acknowledge the policy on confidentiality.

_____	_____	_____
Parent/Guardian Name	Signature	Date

Statement of Declaration:

I hereby declare that all required information is provided and accurate, including needs for support, IEPs, and income. I understand that if an inaccuracy is found or that information is withheld, my child may lose their scholarship and/or spot at JDays.

_____	_____	_____
Parent/Guardian Name	Signature	Date