



Next Level Community Development Center, DBA Camp Zion
Camp Zion 2025

Current Grade 2024 - 2025: _____ SCHOOL: _____

2024-2025 After-School Student? Yes No

Camp Zion 2024 Participant? Yes No

Upcoming Grade 2025-2026: _____ Upcoming School: _____

Must have child's GTID # _____

** If you do not have this number you can obtain it from your child's school.

REGISTRANTS AREA - PLEASE COMPLETE A SEPARATE APPLICATION FOR ALL PARTICIPANTS IN THE HOUSEHOLD - PLEASE PRINT ***

<p>Last: _____ First: _____ Middle: _____ Current Age: _____ Date of Birth: ____/____/____ Month Day Year</p> <p><u>List all Siblings:</u></p> <table border="0"> <tr> <td>First</td> <td>Last</td> <td>Current Age</td> <td>Upcoming Grade</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>2025-2026</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>*** If there is not adequate space to accept all children in the family, are you still interested in the summer camp for this particular child? Yes No</p>	First	Last	Current Age	Upcoming Grade	_____	_____	_____	2025-2026	_____	_____	_____	_____	_____	_____	_____	_____	<p>Gender (check 1)</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Male</p> <p>Primary Language (check 1)</p> <p><input type="checkbox"/> Data not available <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Spanish</p>	<p>Ethnicity (check 1)</p> <p>American Indian/ Alaskan Native Asian Black (Not of Hispanic Origin) Data Not Available Hispanic Native Hawaiian/ Other Pacific Islander White (Not of Hispanic Origin) Other _____</p>	<p>Housing Status (check 1)</p> <p><input type="checkbox"/> Live in housing serviced by Macon Housing Authority <input type="checkbox"/> Do not live in housing serviced by Macon Housing Authority</p> <p>Does your child receive CAPS? (check 1)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
First	Last	Current Age	Upcoming Grade																
_____	_____	_____	2025-2026																
_____	_____	_____	_____																
_____	_____	_____	_____																
<p>Parents/Guardian Full Name Name of Employer</p> <p>1. _____</p> <p>2. _____</p> <p>Full Address: _____</p> <p>City: _____ Zip Code: _____</p> <p>Preferred Contact Number: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>E-mail: _____</p>	<p>Lives With (check 1)</p> <p><input type="checkbox"/> Both parents <input type="checkbox"/> Single parent father <input type="checkbox"/> Single parent mother <input type="checkbox"/> Foster Care <input type="checkbox"/> Relative care <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody</p> <p>Is your child assigned to a DFACS case manager? Yes No</p>	<p>Medical Issues: (allergies, Medications, diet, etc.)</p> <p>Special Needs (If yes, please specify:)</p> <p>Does your child require:</p> <p>IEP EIP 504 None of the above</p>	<p>Food Allergies: (Please list all food allergies Ex. Peanuts)</p> <p><i>I certify I've disclosed all medical diagnoses concerning this applicant and listed all current medication</i></p> <p>Parent/Guardian Signature E-Signature Required</p>																

ADDITIONAL CONTACTS: List additional contacts for the child(ren) & use the check boxes to indicate if these individuals are authorized to pick up the child(ren) and/or will serve as an emergency contact. Checking the 'Lives With' box indicates that the person listed is a member of the same household. If no adults are listed below, & no boxes are checked, ONLY THE PARENT(S)/GUARDIANS listed on page one WILL be able to pick on the student(s).

Last Name	First Name	Home Phone	Cell Phone	Relationship	Pick Up?	Emergency Contact	Lives With?
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[] Check box if legal restrictions are in effect. List persons not allowed to see student at Site and/or persons not allowed to pick-up students per legal restrictions.

Last Name	First Name	Last Name	First Name

Parent/Guardian Permission For CLC ***PLEASE READ CAREFULLY***

Accept	Decline	
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for the participant(s) listed to take part in CAMP ZION activities which may include off-site events, academic assistance, & recreational programs.
<input type="checkbox"/>	<input type="checkbox"/>	If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant & will call, if necessary, a public emergency vehicle for transport to an emergency facility. I understand I will be responsible for any transportation charges & medical expenses incurred.
<input type="checkbox"/>	<input type="checkbox"/>	I agree that if a health condition exists now or in the future which would impact the participation of those listed on front, I will notify the CAMP ZION staff.
<input type="checkbox"/>	<input type="checkbox"/>	I hereby give my consent to the CAMP ZION Program to take the participant's photograph during program activities, to be used for education and public relations purposes in conjunction with the CAMP ZION Program.
<input type="checkbox"/>	<input type="checkbox"/>	I hereby give permission for my child's artwork, poetry or other work produced in conjunction with the Camp Zion Program to be used for education & public relations purposes.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the information to be posted may include information from my child's academic, guidance, permanent or cumulative record (i.e. grades or attendance records). I also understand that the information to be posted does not include other personal identifiable information such as my child's address, phone number, or social security number.
<input type="checkbox"/>	<input type="checkbox"/>	I further give my consent to the School District & the CAMP ZION Program share the participant's student records with each other for purposes of providing educational support & assistance.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the CAMP ZION Program will use participant records to evaluate individual progress & improvement, as well as to evaluate the impact of the program on student achievement & to obtain continued funding for the program.
<input type="checkbox"/>	<input type="checkbox"/>	I understand that the CAMP ZION Program will maintain a low teacher/student ratio & that it is possible that not all students will be enrolled immediately. I understand that student's information may be placed on a waiting list.
<input type="checkbox"/>	<input type="checkbox"/>	I/We understand that students will receive acceptance letters via US mail.
<input type="checkbox"/>	<input type="checkbox"/>	I agree to provide copies of all report card grades and current year Georgia Milestone scores.
<input type="checkbox"/>	<input type="checkbox"/>	I agree to follow mandated requirements set forth by the program.
<input type="checkbox"/>	<input type="checkbox"/>	I consent to allowing NLCDC to provide transportation to field trips, community service projects, enrichments, and home (if applicable) for my child as a participant in the program.
<input type="checkbox"/>	<input type="checkbox"/>	I hereby certify that I have read & do understand the above information.

I hereby certify that I have read & do understand the above information

Signed _____ Print Name _____ Date _____

E-Signature Required

Revised 11/2024



**Georgia Division of Family and Children Services
Out of School Services
Youth Participation Eligibility Form**

Page 1 of 3 - DFCS Out of School Services Program Eligibility Form

(Next Level Community Development Center, Inc.), and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. **Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.**

Form to be completed by Parent/Custodian/Caregiver

Youth Information – This section must be completed in its entirety.

Name of Youth Participant (Last) _____ (First) _____ (MI) _____

Social Security Number _____ - _____ - _____ Gender: _____ Male _____ Female

Date of Birth (mm/dd/yy): ____ / ____ / ____

Is the youth named above in Foster Care within the state of Georgia Yes No

Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name _____

Section 1

- A. Is the youth applicant a U.S. citizen or qualified alien? Yes No
- B. Is the youth applicant a Georgia resident? Yes No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)?: Yes No
 - ____ Youth applicant is between the age of 5 and 17 years old; **OR**
 - ____ Youth applicant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post-secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): **OR**
 - ____ Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

If one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services. If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.

Section 2

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program. See Appendix C for acceptable forms of verification):

		Yes	No
A.	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
B.	Supplemental Nutrition Assistance Program (SNAP) (<i>also known as Food Stamps</i>)	<input type="checkbox"/>	<input type="checkbox"/>
C.	Medicaid or Social Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>
D.	Reduced or free lunch program at school – <i>Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.</i>	<input type="checkbox"/>	<input type="checkbox"/>
E.	Peachcare for Kids	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.

If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.

Section 3

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

Family Income Eligibility for the DFCS Out of School Services Program Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Program Annual Household Income Guidelines **	DFCS Out of School Services Program Monthly Household Income Guidelines
1	\$15,060.00	\$45,180.00	\$3,765
2	\$20,440.00	\$61,320.00	\$5,110
3	\$25,820.00	\$77,460.00	\$6,455
4	\$31,200.00	\$93,600.00	\$7,800
5	\$36,580.00	\$109,740.00	\$9,145
6	\$41,960.00	\$125,880.00	\$10,490
7	\$47,340.00	\$142,020.00	\$11,835
8	\$52,720.00	\$158,160.00	\$13,180
Each additional person, add	\$5,380	Multiply total Federal Poverty Level by 300%	Divide DFCS Out of School Services Annual Household Income by 12.

* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2024 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: FR Vol. 89 No. 11, Page 2961-2963, Document Number: 2024-00796) * 300 % of the federal poverty level in effect January 17, 2041.

Family Unit Size* _____
Gross Household Yearly Income \$ _____ **Gross Household Monthly Income \$** _____

* See Appendix A for definition of family unit.

Section 4

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

Household Composition and Income					
<i>Gross Monthly Income is income before taxes and deductions.</i>					
Name (First, Middle, and Last)	Relationship	Date of Birth (MM/DD/YY)	Income Source	Amount (Gross Monthly Income)	How often received?
	<i>SELF</i>				

Section 5

Please review and sign Section 5 as notification and signature of verification.

Applicant Notification and Signature

We are asking for your youth’s Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

Page 2

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I’ve provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

Parent/Guardian/Caregiver Information – This section must be completed in its entirety.

Name of Parent/Guardian/Caregiver (Last, First, MI) _____

Street Address _____ City _____ State _____ Zip Code _____

Home Phone # _____ Work # _____ Cell# _____

Parent/Caregiver/Guardian Printed Name

Date

Parent/Caregiver/Guardian Signature

Date

Official Use Only Section for DFCS Out of School Services/Summer Service Provider:

Total Income: \$ _____ **Per:** Week Every 2 Weeks Twice monthly Monthly

Household Size: _____

Annual Income Conversion: Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1

Total Converted Annual Income: \$ _____ (Round to the nearest whole number)

By signing below, I certify the information presented within this form was reviewed, verified and confirmed** and meets the DFCS Out of School Services Program Eligibility rules and guidelines indicated within this form. I also certify this form will be kept in the youth participant’s file in a confidential and secured location.

Authorized Program Staff Signature

Title

Date

** See Appendix B for income verification proof sources

APPENDICES

***Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

****Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained, and a copy must be attached to the youth's income eligibility form.

Examples of earned income verification are:

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employers issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

Examples of unearned income verification are:

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

See page 2 of Appendix B for applicable income sources.

Page 2 of 2 - DFCS Out of School Services Program Eligibility Form Appendix

Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan

****Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and PeachCare**: Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the Out of School Services Program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- **Supplemental Security Income (SSI)**: Award letter from the Social Security Administration
- **Free or Reduced Lunch**: Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a listing of students receiving free or reduced lunch granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide or district-wide free lunch does not qualify as an acceptable point of eligibility for the DFCS Afterschool Care Program.

Updated 10/2024

**Georgia Division of Family and Children Services
Prevention and Community Support (PCS)
Out of School Services**



NON-INCOME DECLARATION FORM

I, Mr. /Mrs. /Ms. _____

Parent and/or guardian of _____

hereby declare that I do not have any income at this time.

I have not received income from any of these sources:

- Wages from employment (Ex: commissions, tips, bonuses, fees etc.)
- Income from a business I own
- Rental income from the place I live or other property I own
- Interest of dividend from assets
- Social Security payments (including SSA or SSI), annuities, insurance policies, retirement funds, pension, or death benefits
- Unemployment or disability payments
- Public Assistance payments (Ex: TANF)
- Child support, alimony or gifts received from persons not living in my household
- Any other source not named above

I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and I promise to cooperate with any effort to verify the information provided.

Signature of Parent/Guardian

E-Signature Required

Date



Transportation Agreement

This is to certify that I give Next Level Community Development Center

Permission to transport my child _____
Child Name

Monday through Thursday from his/her designated school to the program site located at 3268 Avondale Mill Road, Macon, Georgia 31216.

I, _____ give permission for Next Level Community Development Center Inc. to transport my child(ren) home in the event of an emergency and/or home should I live in one of the communities in which transportation is provided.

Signature (Parent/Guardian) _____ Date _____

E-Signature Required

Student Data Information

This is to certify that I give Next Level Community Development Center
Facility

Permission to access student data for my child _____
Child Name

Student Infinite Campus Login: _____

Student Infinite Campus Password: _____

Signature (Parent/Guardian) _____ Date _____

E-Signature Required

Student T-Shirt Size XS S M L XL 2XL 3XL

Youth Adult

Revised 11/2024

**Georgia Division of Family & Children Services
Prevention and Community Support
Out of School Services**

Parental Permission for Photo Release

Page 1 of 2

Page two of this document requests your permission for the Georgia Division of Family and Children Services (DFCS) Prevention and Community Support (PCS) to take and use photographs of your child and other Out of School Services staff. When we tell others the story about DFCS PCS Out of School Services, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in DFCS PCS Out of School Services.

If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

If you have any questions regarding the Photo Release Form, please contact DFCS PCS Out of School Services at gadfcs.prevention@dhs.ga.gov.

Bibb County, Georgia

School/Organization Name: Next Level Community Development Center, Inc.

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child (ren) by the Georgia Division of Family and Children Services.
2. This release gives the Georgia Division of Family and Children Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information, and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Division of Family and Children Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.
5. I understand this Photo/Video Release Agreement does not apply to children in foster care. I further understand if my child is in the foster care system within Georgia, they are not allowed to be photographed or included in motion pictures or television.

Parent/Guardian Name _____

Parent/Guardian Address _____

Parent/Guardian Telephone _____

Photo Description: Participation in DFCS funded Out of School Services activities.

Children Participating in Program:

Name	Age
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature _____ Date _____

E-Signature Required

Photographer or producer or witness: _____

Emergency Transportation Permission Agreement

I _____ hereby give permission for
Next Level Community Development Center to transport my child _____

to an emergency relocation site for staff, teachers, and students when it is determined that it is unsafe to remain at the primary program site location. I further understand that normal safety rules will be followed, as much as possible, but the highest priority is to relocate to a safe location.

This agreement shall remain in effect until This agreement may be terminated before this date by either party but only by written notification.

Print (student's) Name: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell phone: _____

Special Consideration for Emergency Transport: (medical consideration, etc)

Parent/Legal Guardian Signature

E-Signature Required

Date

Parental Consent Form
Georgia Abstinence Education Program
Participant Pre Test and Post Test Surveys
(For upcoming 6th-12 grade students)

Your child has been asked to take part in an evaluation of the Georgia Abstinence Education Program. If they choose to participate, they will be asked questions about their knowledge and perceptions of abstaining from sexual activity until marriage, current and past sexual activity, consequences of engaging in sexual activity as a teen, as well as what they have learned in the program. The information gained from the evaluation may contribute to a better understanding of the abstinence program.

The information collected will be summarized and reported only in group form. Information that is gathered about your child will be confidential and not be reported to anyone outside of the evaluation that in any way identifies them.

You may refuse to take part in this evaluation, and if you choose for your child to take part they may stop at any time. If you refuse for your child to take part or your child decides to stop answering the questions, your child will not be penalized and will not lose any benefits from the abstinence program to which they are entitled.

I have read and understand the above, and I agree for my child to participate as a subject in this evaluation.

Parent Printed Name Parent Signature E-Signature Required Date

Student Printed Name Student Age Grade

Project Staff Printed Name Project Staff Signature Date

AFTERSCHOOL CARE PROGRAM

Participant Medical Information Form – Page 1

(To be maintained on site for each participant)

<i>STUDENT INFORMATION</i>			
Legal Name of Child (<i>Last, First</i>):	Date of Birth (<i>MM/DD/YYYY</i>):	Age :	Sex (<i>check one</i>): <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		Home Phone No:	
P.O. Box/Apt #:	City:	State:	Zip Code:
<i>INSURANCE INFORMATION</i>			
Does the child have health insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of insurance provider (if applicable):		
<i>MEDICAL INFORMATION</i>			
Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			
Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			
Is the child currently taking any medications (prescribed and non-prescribed)? Yes No If yes, please list them:			

<i>IN CASE OF EMERGENCY</i>			
Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:
Alternate Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:

PLEASE SIGN PAGE 2 TO VERIFY THE INFORMATION PROVIDED

Participant Medical Information Form – Page 2

By signing below, I certify the above information is true to the best of my knowledge. I authorize **Next Level Community Development Center** to contact me if my child is injured and/or harmed in any way. I also authorize **Next Level Community Development Center** to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family’s insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in the Camp Zion Summer Program, I hereby release, indemnify and hold harmless the **Division of Family and Children Services and Next Level Community Development Center** from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.

Legal Name of Parent (print)

Parent Signature E-Signature Required

Date

**GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES
AFTERSCHOOL CARE PROGRAM**

Field Trip Declaration Form FFY 2025

Name of Organization: Next Level Community Development Center Inc.

Address of Organization: 3268 Avondale Mill Rd.
Macon, Ga. 31216

Contact Phone Number for Organization: 478-781-0401

Declaration Statement

By signing below, I understand the youth who participate in the **Next Level Community Development Center** summer program may participate in various fieldtrips throughout the contract period from October 1, 2024 ending September 30, 2025 funded by the DFCS Afterschool Care Program. In consideration of the youth for the opportunity to participate in field trips, **Next Level Community Development Center** hereby releases, indemnify and hold harmless the Georgia Department of Human Services from any liability, claim or demand resulting from such participation. I understand I am to mail a signed copy of this form to the DFCS Afterschool Care Program at the address provided below. I further understand this form must also be kept on file at the summer camp site indicated above at all times.

**Georgia Division of Family & Children Services
Afterschool Care Program
2 Peachtree Street, NW
26th Floor
Atlanta, Ga. 30303**

.....

Printed Legal Name of Contractor Authorized Staff

Title

Date

Signature of Contractor Authorized Staff

CACFP Meal Benefit Income Eligibility Statement*

PART I Child(ren) or Adult enrolled to receive day care

SNAP, T6/NF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers.

Children in Head start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Olcheck () all that apply. (See definitions in FAQs)

Name: (Last, First and Middle Initial!) Write case number, and proceed to Part III.

	Head start	Foster Child	Migrant	Runaway	Homeless
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II Report income for ALL Household Members (Skip this section if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information

A. Child Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? income received by child household members listed in PART I here. \$

18. Other Household Members¹. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions/ How often?	2. Welfare, child support, alimony/ How often?	3. Social Security, pensions, retirement / How often?	4. All other income/ How often?
1. _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX ---- I do not have a Social Security Number

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of 7:30 [am/pm] to [am/pm]. Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday Day Saturday Day

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Slipper Evening Snack

PART IV: Signature

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If T10 completed fully and signed, the participant will be placed in the Paid category.**

Signature: X _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities (optional)

Check () one ethnic identity:

Check () one or more racial identities:

Hispanic/ Latino
 Not Hispanic/ Latino
 Asian
 White
 Black or African American
 Indian or Alaska Native
 Hawaiian or other Pacific Islander

Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ Per: Week Every 2 weeks Twice a month Monthly Year Household Size: _____

Cateorical Elieibility: check () if applicable Elieibility: check () one Free Reduced Paid

Day Care Homes Only: check () Tier 1 Tier 11

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determininc Official's Signature: _____ Date: _____

Confir, minc Official's Siemature: _____ Date: _____

Follow Up Official's Sicutaire: _____ Date: _____