



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

Must have child's GTID # _____

Current Grade 2024-2025: _____ SCHOOL: _____

2024-2025 After-School Student? Yes No
Camp Zion 2024 Participant? Yes No

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

Upcoming Grade 2025-2026: _____ Upcoming 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><u>First</u></td> <td><u>Last</u></td> <td><u>Current Age</u></td> <td><u>Upcoming Grade</u></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 <input type="checkbox"/> No <input type="checkbox"/></p>	<u>First</u>	<u>Last</u>	<u>Current Age</u>	<u>Upcoming Grade</u>	_____	_____	_____	2025-2026	_____	_____	_____	_____	_____	_____	_____	_____	<p><u>Gender</u> (check 1)</p> <p>Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p><u>Housing Status</u> (check one)</p> <p>Lives in housing serviced by Macon Housing Authority <input type="checkbox"/> Does not live in housing serviced by Macon Housing Authority <input type="checkbox"/></p> <p><u>Does your child receive CAPS?</u> (check one) Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><u>Lives With</u> (check one)</p> <p>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 <input type="checkbox"/></p>	<p><u>Is your child assigned to a DFACS case manger?</u> (check one) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>Does your child require:</u></p> <p>IEP <input type="checkbox"/> EIP <input type="checkbox"/> 504 <input type="checkbox"/> None of the above <input type="checkbox"/></p>
<u>First</u>	<u>Last</u>	<u>Current Age</u>	<u>Upcoming Grade</u>																
_____	_____	_____	2025-2026																
_____	_____	_____	_____																
_____	_____	_____	_____																
<table border="0"> <tr> <td><u>Parents/Guardian Full Name</u></td> <td><u>Name of Employer</u></td> </tr> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> </table> <p>Full Address: _____ _____ _____ City: _____ Zip Code: _____ Preferred Contact Number: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____ E-mail: _____</p>	<u>Parents/Guardian Full Name</u>	<u>Name of Employer</u>	1. _____	_____	2. _____	_____	<p><u>Special Needs</u> (If yes, please specify)</p>	<p><u>Medical Issues:</u> (allergies, Medications, diet, etc.)</p>	<p><u>Food Allergies:</u> (Please list all food allergies Ex. Peanuts)</p> <p>I certify I've disclosed all medical diagnosis's concerning this applicant and listed all current medication</p> <p>_____ Parent/Guardian Signature</p>										
<u>Parents/Guardian Full Name</u>	<u>Name of Employer</u>																		
1. _____	_____																		
2. _____	_____																		

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?

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 certify that all the information given in this form is correct and true to the best of my knowledge. I understand that providing false information may result in my child not being able to participate in Out of School Services.

Signed _____ Print Name _____ Date _____



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

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

(The 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 out of school services 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.

DFCS Out of School Services Family Income Eligibility Guide

Number of Persons in Family Unit	Federal Poverty Level *	DFCS Out of School Services Annual Household Income Guidelines **	DFCS Out of School Services Monthly Household Income Guidelines
1	\$14,580.00	\$43,740.00	\$3,645
2	\$19,720.00	\$59,160.00	\$4,930
3	\$24,860.00	\$74,580.00	\$6,215
4	\$30,000.00	\$90,000.00	\$7,500
5	\$35,140.00	\$105,420.00	\$8,785
6	\$40,280.00	\$120,840.00	\$10,070
7	\$45,420.00	\$136,260.00	\$11,355
8	\$50,560.00	\$151,680.00	\$12,640
Each additional person, add	\$5,140	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) 2022 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: 87 FR 3315, Page 3315-3316, Document Number: 2022-01166)

** 300 % of the federal poverty level in effect January 12, 2022.

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?
	SELF				

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,

- 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 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 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;
- Employer's 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.

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 Peach Care:** 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 DFCS Out of School Services.

**Georgia Division of Family and Children Services
Well-Being Services Section
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

Date



Transportation Agreement

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

Permission to transport my child _____
Child (ren) name

Monday through Friday from his/her designated field trip or enrichment 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 _____

**Georgia Division of Family & Children Services
Well-Being Services Section
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) to take and use photographs of your child and other Out of School Services staff. When we tell others the story about DFCS 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 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 Out of School Services at 404-657-4651.

County, Georgia

School/Organization Name:

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 _____

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 July 2025 _____. This agreement may be terminated before this date by either party but only by written notification.

Print (student's) Name: _____

Home Address: _____

City: _____ GA: _____ Zip code: _____

Home phone () _____ Cell phone: () _____

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

Signed and Date:

(Parent or legal guardian)

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	Date
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Student Printed Name	Student Age	Grade
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Project Staff Printed Name	Project Staff Signature	Date
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Waiver and Release Form for Next Level Community Development Center Inc.

Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to me as a result of participation in said event. This release is intended to discharge in advance Next Level Community Development Center Inc., Bibb Mount Zion Baptist Church, Georgia Department of Human services – Afterschool Care, Georgia Department of Human Services-Office of Prevention, Georgia Department of Education, its officials, officers, employees, volunteers and agents from liability. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Also, in light of the national health emergency due to the COVID-19 pandemic, I hereby declare the following:

I am fully and personally responsible for my child’s safety and actions while and during their participation and I recognize that my child may be in any case at risk of contracting COVID-19.

With full knowledge of the risks involved, I hereby release, waive, discharge the Next Level Community Development Center Inc., Bibb Mount Zion Baptist Church, Georgia Department of Human services – Afterschool Care, Georgia Department of Human Services-Office of Prevention, Georgia Department of Education, its officials, officers, employees, volunteers and agents and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of a related to any loss, damage, injury, or death, that may be sustained by my child related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.

I agree to indemnify, defend, and hold harmless the Next Level Community Development Center Inc., Bibb Mount Zion Baptist Church, Georgia Department of Human services – Afterschool Care, Georgia Department of Human Services-Office of Prevention, Georgia Department of Education, its officials, officers, employees, volunteers and agents from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.

Parental Consent (Complete if applicant is under 18) I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Next Level Community Development Center Inc. will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

I have read and understood the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Parent/Guardian Signature

Print Name

Date

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases Next Level Community Development Center Inc., a nonprofit corporation organized and existing under the laws of the State of Georgia and each of its directors, officers, partners, employees, and agents. The Volunteer desires to provide volunteer services for Next Level Community Development Center Inc. and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer’s services to Nonprofit.

1. Waiver and Release: I, _____, release and forever discharge and hold harmless Next Level Community Development Center Inc. and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Next Level Community Development Center Inc. I understand and acknowledge that this Release discharges Next Level Community Development Center Inc. from any liability or claim that I may have against Next Level Community Development Center Inc. with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Next Level Community Development Center Inc. or occurring while I am providing volunteer services.
2. Insurance: Further I, _____ understand that Next Level Community Development Center Inc. does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Next Level Community Development Center Inc. beyond what may be offered freely by Next Level Community Development Center Inc. in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I, _____ hereby Release and forever discharge Next Level Community Development Center Inc. from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Next Level Community Development Center Inc..
4. Photographic Release: I _____, grant and convey to Next Level Community Development Center Inc. all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Next Level Community Development Center Inc. in connection with my providing volunteer services to Next Level Community Development Center, Inc..

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Parent/Guardian Signature

Print Name

Date

(To be maintained on site for each participant)

STUDENT INFORMATION			
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:

INSURANCE INFORMATION	
Does the child have health insurance coverage? <input type="checkbox"/>	Name of insurance provider (if applicable): <input type="checkbox"/>

MEDICAL INFORMATION	
Does the child have any allergies? If yes, please list them:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? If yes, please list them:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child currently taking any medications (prescribed and non-prescribed)? If yes, please list them:	<input type="checkbox"/> Yes <input type="checkbox"/> No

IN CASE OF EMERGENCY			
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 Inc to contact me if my child is injured and/or harmed in any way. I also authorize Next Level Community Development Center Inc 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 Out of School Services. I hereby release, indemnify, and hold harmless the Division of Family and Children Services and Next Level Community Development Center Inc 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)
Date

Parent Signature

**GEORGIA DIVISION OF FAMILY & CHILDREN
SERVICES WELL-BEING SERVICES SECTION
OUT OF SCHOOL SERVICES**

Field Trip Declaration Form FFY 2025

**Next Level Community Development Center Inc.
3268 Avondale Rd. Macon, Georgia 31216**

478-781-0401

Declaration Statement

By signing below, I understand the youth who participate in the Next Level Community Development Center Inc. afterschool/summer program may participate in various fieldtrips throughout the contract period from October 1, 2024, ending September 30, 2025, funded by DFCS Out of School Services. In consideration of the youth for the opportunity to participate in field trips, Next Level Community Development Center Inc. hereby releases, indemnify, and hold harmless the Georgia Department of Human Services from any liability, claim or demand resulting from such participation. I understand this form must be kept on file at the afterschool/summer site indicated above at all times.
.....

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, T.G/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. Check () all that apply. (See definitions in FAQs)

Name: (Last, First and Middle Initial)	Write case number and proceed to Part III.	Foster				
		Head start	Child	Migrant	Runaway	Homeless

PART II Report income for ALL Household Members (Skip this step 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 not completed fully and signed, the participant will be placed in the Paid category.**

Signature: X _____ Print Name: _____ Date: _____

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

*11 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: _____

Categorical Eligibility: check () if applicable Eligibility: 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).

Determining Official's Signature: _____

Date: _____

Confirming Official's Signature: _____

Date: _____

Follow Up Official's Signature: _____

Date: _____