



Confidential Application Form Summer Day Camp 2026

4120 Gentry Dr.
Dallas, TX, 75212
214.631.7027 | www.voiceofhope.org

Please complete one form for each child

Confidentiality: Any confidential information requested is for our records and will only be used on an "as needed" basis. The answers you provide will otherwise be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Starred items must be completed.

Youth Information (Please print) – Items with an asterisk MUST be completed

*Child's First and Last Name:	*Date of Birth: ____/____/____	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
*School:	*Grade in 2024-25	*Ethnicity: __ African-American __ Native American __ Caucasian __ Multi-Racial __ Hispanic __ Asian/Pacific Islander __ Other

Primary Parent/Guardian (please print)

*Name	*Date of Birth: __/__/____ *City/State/Zip	*Cell #: *Alternate #:
*Home Address:		*Preferred Communication Method: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Any
*Employer:	*Job Title:	*Ethnicity: __ African-American __ Native American __ Caucasian __ Multi-Racial __ Other __ Asian/Pacific Islander __ Hispanic
*Email Address:	Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Driver's License #:

Parent/Guardian (please print)

*Name	*Date of Birth: __/__/____ *City/State/Zip	*Cell #: *Alternate #:
*Home Address:		*Preferred Communication Method: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Any
*Employer:	*Job Title:	*Ethnicity: __ African-American __ Native American __ Caucasian __ Multi-Racial __ Other __ Asian/Pacific Islander __ Hispanic
*Email Address:	Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	*Driver's License #:

Emergency Contact/Authorized Pick Up Information other than parent/guardian (please print) ALL

Contact information MUST be complete at registration.

*Name:	*Phone Number:	*Driver's License #:	*Address:
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*Release of Children:

My child has permission to be released into the care of an Authorized Pick up Person who is a sibling under the age of 18

Family Church Information (please print)

Church Name:	Pastor's Name:
Address:	Phone Number:

*May Voice of Hope release my child

*Free/Reduced lunches: Yes No to the non-custodial parent?

*Number in Household:

*Household Type:

Yes No

Yes No

Extended Family Foster Family
 Immediate Family Other

*Family Setting:

2 parent
 Father Only
 Mother Only
 Grandparent/
Aunt/Uncle
 Other

*Annual Household Income:

Annual Household Income:
 under \$14,000 \$14,001
 \$16,001-18,000 \$18,001-20,000
 \$20,001-22,000 \$22,001-24,000
 \$24,001-26,000 \$26,001-28,000
 \$28,001-30,000 \$30,001-32,000
 \$32,001-34,000 \$34,001-40,000
 \$40,001-45,000 \$45,001-over

*How did you hear about Voice of Hope?

Afterschool Site Flyer/Postcard
 Website Email
 Social Media Family/Friend Referral
 Other

Initial where consenting:

_____ Movies I give permission for my child to view a Voice of Hope approved G movie, even though it may not be a part of regularly scheduled lesson plans.

_____ Policies & Procedures I have received and read a copy of the Voice of Hope Parent Handbook and understand all policies & procedures therein.

_____ Transportation - I give permission for my child to be transported and supervised by Voice of Hope employees for emergency care and field trips.

_____ Field Trips (SUMMER DAY CAMP) - I give permission for my child to participate in Voice of Hope field trips.

_____ Water Activities (SUMMER DAY CAMP) I give permission for my child to participate in water activities, including sprinkler play, splash or wading pools and water table play. Parent comments: _____

_____ ASPIRE Program Meals I understand that my child will be served a PM meal that meets USDA requirements.

_____ Summer Day Camp Meals I understand that my child will be served a lunch meal and a PM snack.

_____ Immunization, Hearing & Vision Screening – I certify that my child's current immunization records and TB test (if applicable) can be located at the school my child is currently attending.

Name & Phone Number of School: _____

_____ Hours of Care I understand that I will be charged an additional \$1.00 per 1 minute I am late after close of site 6:30 pm (per child). I also understand that I must pay the late fee before my child (ren) can return to the program.

_____ Custody I understand that it is my responsibility to provide documentation for all custody issues.

_____ Photo Release Voice of Hope is granted permission to use any individual or group photograph and/or videotape showing my child in Voice of Hope activities for use in public relations, promotional or advertising purposes.

Initial where consenting:

_____ Grade Collection – I agree to let Voice of Hope collect academic grade information from my child’s report card for the purpose of program measurement.

_____ Absences I understand that it is my responsibility to notify Voice of Hope staff by 8:00 am daily if my child will not attend the program that day. I understand I must call the designated Voice of Hope site phone.

_____ Program Closures I understand that Voice of Hope will be closed on select holidays and care may be available at an additional cost.

_____ Text Message Communications I agree to let Voice of Hope text message and communicate related to events, emergencies, general updates and alerts regarding Voice of Hope programming.

_____ **I acknowledge that I am the responsible party for all children listed on the application. By acknowledging this I am responsible for all Summer Day Camp fees, late fees, and any behavior issues that may occur.**

My child has permission to participate in activities with Voice of Hope Ministries, Inc. I give permission for him/her to ride in the vehicles to be used for transportation as a participant in Voice of Hope Ministries, Inc. programs and activities. I give permission to Voice of Hope and a third party to use photographs or video images of myself and/or my child.

I authorize Voice of Hope Ministries, Inc. staff and volunteers to consent to emergency medical treatment for my child if I cannot be contacted.

I hereby relive and release the ministry, its Directors, Officers, Employees and Volunteers and all persons assisting in the activities, from any and all liability from an accident or injury of my child while participating in program activities. I agree to indemnify all of the parties described above from all claims made by or asserted on behalf of my child.

Custodial Parent Signature: _____ **Date:** _____

Medical Release Information:

Student Name: _____

*Health History (please print)

Allergies and Special Conditions

Please check all that apply to your child:

- Ear Infections Heart Defect/Disease Convulsions Diabetes (onset)
- Nose Bleeding/Clotting Epilepsy (onset) Tonsillitis Hay Fever
- Insect Allergy Poison Ivy Allergy Seizures Asthma
- Migraines Food Allergy (list below) Skin Rashes/Conditions ADD/ADHD

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child not listed above such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

Medications being taken: _____

All medications must include a medication form on file, be prescribed by a doctor and delivered to the Afterschool Program in its original bottle. We do not administer over the counter medications. **The participant with the prescribing doctor’s written** permission can carry rescue Medications.

***Authorization for Medical Treatment**

In the event that I cannot be reached to make arrangements for medical treatment, I authorize Voice of Hope staff to administer first aid or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone Number:** _____

Preferred Hospital: _____ **Street Address:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone Number:** _____

Custodial Parent Signature: _____ **Date:** _____

I certify that _____ has been examined by a licensed physician in the past 12 months, is fully
(Child's Name)
immunized and able to participate in the afterschool program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

Custodial Parent Signature: _____ **Date:** _____





Attention Parents & Students: PLEASE READ CAREFULLY. Parents will be required to acknowledge understanding and agreement with the discipline system of Voice of Hope.

Disciplinary Action System

Warning System:

Verbal warning issued.

1. Written Warning Program Manager/Site Leader informed
2. Written Warning Program Manager/Site Leader contacts parent or guardian
3. Written Warning The Director of Programs is informed and schedules a conference with the parents and the coach.

Suspension:

If your child receives 3 written warnings, a Parent Conference will be scheduled to inform you of the suspension and the reasons. The conference must include youth, program associate, parent, Program Manager and the Director of Programs. If the parent refuses to have a conference within 3 days of the occurrence, the child will be suspended for 2 days.

NOTE: Fighting and/or cursing will result in an automatic suspension.

Dismissal

If a child is suspended two times, the child will be dismissed for the rest of the Semester.

Outings or Trips

If a child is suspended, they will not be allowed to go on any trips or outings scheduled during that Semester.

The Director of Programs will consult with the President/CEO before anyone is dismissed. Before a child is dismissed, the Program Manager/Site Leader and Director of Programs must have a Parent Conference. The outcome of the Parent Conference will be documented and placed in the child's folder.

I have read and understand the Disciplinary Action System of Voice of Hope and agree to abide with the mandates found within. I further state that I have or will speak to my child regarding this system to ensure compliance. I know discipline is necessary both for the welfare of each student and for Voice of Hope. I will support the disciplinary procedures of Voice of Hope.

Parent/Guardian Signature

Date

Parent and Student Commitment

Thank you for choosing Voice of Hope's ASPIRE program for your child. It is our commitment to provide a high quality afterschool experience for your child that is enriching, both academically and spiritually. In an attempt to insure that

both you as parent and us as staff are aligned with the care and support for your child we are establishing a covenant between us (VOH) and you (parent/guardian)

As a Parent/Guardian, I commit to:

- ❖ Pray for my child (ren) daily.
- ❖ Pray for Voice of Hope and the VOH coaches daily as they minister to my child spiritually and academically.
- ❖ Communicate with VOH the spiritual and/or academic improvements of my child as a result of attending the program
- ❖ Insure my child attends the VOH ASPIRE program a minimum of 3 times per week.
- ❖ Allow my child to participate in the program until 5:30 pm or later, in order to get the full benefit of the academic and spiritual enrichment program.
- ❖ Share major achievements as well as any potential concerns in academics or behavior with VOH staff
- ❖ Communicate immediately with VOH if there are changes in address or phone number.
- ❖ Attend at least 3 parent meetings each semester.
- ❖ Work with VOH staff on discipline issues that occur within the program.
- ❖ Make timely payments for all fees.
- ❖ Consistently sign my child in and out of the program

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

As a Student, I commit to:

- ❖ Have fun while learning
- ❖ Participate in all programs and activities
- ❖ Take care of all Voice of Hope property and equipment
- ❖ Keep my hands and feet to myself
- ❖ Be courteous and respectful in my behavior and speech
- ❖ Follow the directions of all staff
- ❖ Talk to my parents about my day at VOH
- ❖ Make friends with other participants
- ❖ Practice your weekly Bible verse with your parents

Student Signature

Date

Parent,

Please check which applies to you:

_____ Are you are a single parent household, (currently working and/or in job training or an educational program for a minimum of 25 total combined hours a week or more)?

_____ Are you a two-parent household, (who are BOTH currently working and/or in job training or an educational program for a minimum of 50 total combined hours a week or more)?

How many people are in your family? _____

Based on the number of people in your family, do you fall under the following income guidelines? Yes/No

Household Size	Annual Income	Monthly Income	Twice-Monthly Income	Bi-Weekly Income	Weekly Income
1	\$22,459	\$1,872	\$936	\$864	\$432
2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
For each additional household member, add:	+ \$7,992	+ \$666	+ \$333	+ \$308	+ \$154