



All Kids Included (AKI) promotes inclusive arts and cultural programs in school settings and throughout the community so that kids of all abilities and their families can participate fully in the arts.



FLORIDA INTERNATIONAL UNIVERSITY

SUMMER DATES: JUNE 26th, 2017– JULY 28th, 2017

(July 4th is a Holiday in observation of Independence Day)

Program Hours - 8:30 AM to 3:30 PM

(Drop off: 8:15 AM, Pick up: 3:35 PM)

\$160/week (Total Duration: 5 Weeks)

Scholarship Available based on economic criteria

Applications may be submitted in person or by mail to the MiamiPREP Office
Office Hours: 9:00 am – 4:00pm am (other times by Appointment Only)

1. PURPOSE

- Provide an effective summer enrichment opportunity that uses rigorous instruction, team-work, hands-on activities and experiments to demonstrate the theories, principles, issues, challenges and applications inherent within the STEM disciplines.
- Increase student motivation, enthusiasm, confidence and knowledge to be able to pursue a higher education degree in one of the STEM fields and attain a corresponding professional career.
- Develop an attitude of advocacy among the participating students and their families so that they engage in STEM activities, clubs, programs and competitions, as well as pursue.
- Promote the participation of students in the summer academy that come from families of limited economic means, or from population groups that have been historically underserved and underrepresented in the STEM disciplines.

2. THE FIU-MIAMI PREP WILL BE HELD AT:

FLORIDA INTERNATIONAL UNIVERSITY
COLLEGE OF ENGINEERING AND COMPUTING
10555 WEST FLAGLER STREET (FLAGLER AND 107TH AVE)
MIAMI, FL. 33174

3. ACADEMIC PROGRAM

College Prep curriculum consists of interdisciplinary interactive classroom learning and hands-on activities that stimulate critical thinking skills and teamwork, improve social skills, build leadership capacity, and advance skills in applied mathematics, reading, and science.

4. ELIGIBLE STUDENTS

Students per grade level who are completing the 3rd through 11th grades in the 2015-2016 school year with an academic/conduct average of B (i.e. Grade Point Average 3.0+) or better and excellent conduct. All students must have a Miami-Dade County Public Schools identification number to register. Students are selected on a first- come first-served and based on a Timely and Complete Application Submission, Prior Summer Performance, Grade Point Average, Conduct Grades, and K-Parent Participation in meetings.

5. ONE-TIME ONLY STUDENT APPLICATION FEE

Application fee is a one-time only payment of \$25 which can be paid online at www.miamiprep.fiu.edu. Please make CHECK OR MONEY ORDER (STATE EMPLOYEES ARE NOT ALLOWED TO HANDLE CASH) payable to **FIU** and write Student's Name in memo section. Checks/money orders to be submitted with application. **IMPORTANT NOTE: APPLICATION FEES ARE NON REFUNDABLE EVEN IF CHILD IS NOT ACCEPTED BY MIAMI PREP PROGRAM**

6. PROGRAM STAFF:

FIU Science and Engineering professors, Miami-Dade County Public Schools Mathematics and Science Teachers, FIU graduate and undergraduate science, engineering and education majors, and professionals from private industry, as well as the Program Coordinator and Program Assistants.

7. PROGRAM SUPPORT:

The program is funded by Miami-Dade County Public Schools, The Village Youth and Florida International University College of Engineering and Computer Sciences, The Children's Trust, Summer Arts & Science Camps for Kids (SAS- C), Miami-Dade County Transit,

8. FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

Mr. Juan C. Diaz
Florida International University
10555 West Flagler Street
Miami, FL 33174
Office Phone: (305) 348-3960
E-mail: mprep@fiu.edu

**ATTENTION APPLICANTS! ATENCION CANDIDATOS! CANDIDATS D'ATTENTION!
LISTED BELOW ARE TIPS TO HELP YOU SUBMIT A SUCCESSFUL APPLICATION PACKET.**

PLEASE PRINT LEGIBLY!

Child Information Form

Program Registration Information Form

**Authorization for Photography
Video Form**

Required by Florida International University

**100-WORD ESSAY
(NEW APPLICANTS ONLY)**

The essay will be evaluated to determine applicant's character, willingness to learn, and motivation to attend THE FIU-MIAMI PREP PROGRAM
Print **ONLY** the essay clearly and in your own words.
An additional page may be used, if necessary.
Please staple it to the application.

GRADE REPORT

***Be sure to attach a copy of your latest 2015-2016 school year grade report.
Make sure the copy shows ALL classes, grades, and honor codes***
Transcripts or progress reports will not be accepted.

**To be eligible, candidates must have earned a 3.0 or better
Grade Point Average.**

**NOMINATION FORM
(NEW APPLICANTS ONLY)**

The nomination form must be from a teacher or Counselor.

The nomination form must be submitted at the same time that the application is submitted.

LETTER OF AUTHORIZATION

All applicants must submit a completed form signed parent/guardian.

HEALTH AUTHORIZATION FORM

All applicants must submit a completed form signed by parent/guardian.

LETTER OF AUTORIZATION

All applicants must submit a completed form signed by parent/guardian.

RELEASE AND WAIVER

All applicants must submit a completed form signed by parent/guardian.

RELEASE FORM

All applicants must submit a completed form signed by parent/guardian.

PROOF OF INSURANCE

PROOF OF LUNCH STATUS

Please submit the items listed above all as one packet. Electronic (email) or fax submissions will not be accepted.



CHILD INFORMATION FORM (SAMIS)

Child's Last Name _____ First _____ Middle _____

Child's Date of Birth (mm/dd/yy)

Child's Gender Male Female

Child's age

Last 4 Digits ONLY of Child's Social Security# No SSN Prefer not to give

Miami-Dade County Public School ID# No MDCPS ID Prefer not to give

Child's Current School _____

Is Child Proficient in English? Yes No

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

Street Address _____ City _____ ZIP Code _____

Child's Ethnicity Hispanic Haitian Other, please specify _____

Child's Race American Indian or Alaskan Asian Black or African American Pacific Islander White Other, specify _____

Child's Current Grade 2016-2017 School year

Does Child Have Health Insurance (ex., private insurance, KidCare, Medicaid)? Yes No
(If not, we may be able to help you find affordable coverage-call 211 or visit www.thechildrenstrust.org)

Child's Primary Caregiver (full name) _____

Primary Caregiver Email _____

Primary Phone

(You may be contacted by The Children's Trust for quality improvement purposes)

Number of Children Living in the Household (including child participant)

Is the Participant a Child of a Military Family? Yes No

A member of the child's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; or 4) a member killed in the line of duty.

Continue to Next Page

Does Child Have a Documented Disability? Yes No

If yes, do you have (check all that apply)

- an Individualized Family Service Plan (IFSP; if under 3)
- an Individualized Education Plan (IEP) at school system
- a Section 504 Plan
- a medical diagnosis from a doctor
- a diagnosis by a state certified/licensed professional (ex., psychologist)
- disclosure by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the disability type(s)? (check all that apply)

- Autism Spectrum Disorders
- Chronic Medical Condition
- Developmental Delay (if under 5)
- Emotional/Behavioral Disorder
- Hearing Impairment (or deaf)
- Intellectual Disability (or MR)
- Learning Disability
- Physical Disability
- Speech/Language Impairment
- Visual Impairment (or blind)
- Other Disability_____

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

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

PARENT/GUARDIAN SIGNATURE_____DATE_____

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION FLORIDA INTERNATIONAL UNIVERSITY SITE LOCATION MIAMI PREP

PRIORITY POPULATION MEMBERSHIP (check all that apply):

- Migr Farm Wrk
- Dep Syst
- Delin Sys

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of
_____ hereby authorize and give consent to service
providers and the staff of FIU's MIAMI PREP SUMMER Program as follows:

I hereby:

consent and authorize

the staff of FIU's MIAMI PREP SUMMER Program to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of FIU's MIAMI PREP Summer Program.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against FIU's MIAMI PREP Summer Program, their staff, service providers, employees, agents, and affiliates.

FIRST TIME APPLICANTS ONLY!

**FLORIDA INTERNATIONAL UNIVERSITY'S
MIAMI PREP
TEACHER/COUNSELOR NOMINATION FORM
DEADLINE: May 26th, 2017**

INSTRUCTIONS: All parts of the application must be completed or the application will be considered incomplete. Incomplete and late applications will not be processed. Please type or print clearly. (Be sure to attach this form to the rest of the application.)

PART 1 - TO BE COMPLETED BY APPLICANT (This form cannot be from your math teacher. It can be from your science teacher, English teacher, or counselor.)

APPLICANT'S NAME: _____
LAST
FIRST
M.I.

CURRENT SCHOOL NAME _____

PART 2 - TO BE COMPLETED BY A TEACHER/COUNSELOR/SCHOOL OFFICIAL.

Your evaluation of the student's desire to work hard and to learn during this six-week program is especially important. Without this nomination form, a student's application will be considered incomplete. Please complete the evaluation below as honestly as possible. Your assistance is greatly appreciated.

A. Place an "X" in the appropriate column for each characteristic listed.

CHARACTERISTIC	EXCELLENT	GOOD	FAIR	POOR
ACADEMIC PERFORMANCE				
CONDUCT IN CLASS				
WILLINGLY PARTICIPATES IN CLASS				
RESPECTS OTHERS AND THEIR PROPERTY				
ABILITY TO FOLLOW INSTRUCTIONS				
COMPLETES ASSIGNED WORK ON TIME				
ANALYTICAL THINKING SKILLS				
MATURITY				
PUNCTUALITY				
EAGER TO LEARN NEW THINGS				
STUDENT IS SUFFICIENTLY MOTIVATED TO COMPLETE A 6-WEEK SUMMER PROGRAM				

B. Indicate current course(s) you are teaching the applicant: _____

C. Please provide comments on motivation, ambition, behavior, personality, etc., that you feel are pertinent to the student's performance in **THE FIU-MIAMI PREP Summer Program** If the student fails to satisfy some academic requirements, please explain in detail. Additional comments may be written below.

 TEACHER'S/COUNSELOR'S PRINTED NAME AND TITLE

 TEACHER'S/COUNSELOR'S SIGNATURE

 DATE

FIRST TIME APPLICANTS ONLY!

WRITTEN ESSAY

Please have your child write in the space below and in their own handwriting an essay (100 word maximum) regarding why they want to participate in **MIAMI PREP SUMMER PROGRAM 2017?**

FIU
MIAMI PREP Summer Program
HEALTH AUTHORIZATION FORM

DOES YOUR CHILD HAVE ANY SPECIAL HEALTH / MEDICINE/ DIET NEEDS? ___Yes _____No

If yes, please explain include details i.e. medications, special diet, allergies, etc.

Does your child have health insurance? Yes____ No____

If yes, kindly provide copy of insurance card with application

YOUR CHILD'S DOCTOR'S NAME: _____

DOCTOR'S PHONE NUMBER: _____

**IT IS A REQUIREMENT OF THE FIU-SUMMEMIAMI PREP Summer Program THAT ALL CHILDREN BE ENROLLED IN
THE SCHOOL INSURANCE OR NEED TO PROVIDE COPY OF MEDICAL INSURANCE.**

You may enroll in the school insurance online at:

<https://www.k12studentinsurance.com/PlansAndPricing.aspx>

PLEASE INDICATE THAT YOU HAVE ENROLLED YOUR CHILD IN THE SCHOOL INSURANCE FOR THE 2016-2017
SCHOOL YEAR:

_____YES

_____NO (*If no, please provide copy of insurance card*)

I give my consent for my child to receive emergency medical treatment in the event of injury or illness and agree to be responsible for all costs associated with my child's transportation and treatment.

Parent/Guardian Signature

Date

Release and Waiver of Liability

I, _____, the undersigned, the parent/guardian of
(Parent/Guardian's Name)

_____, a minor child (My Child) do promise to do the following:
(Student's Name)

in consideration of the opportunity made available to My Child to attend the FIU MIAMI PREP Summer Program, I hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal or bodily injury, damage or loss of property, or wrongful death occurring to My Child while participating in The Program, or any activities incidental thereto while being transported to and from the Florida International University campus; while en route to designated transportation locations and while waiting for transportation at designated transportation locations, and however the same may occur. "Collecting Participation in the Program" for purposes of this Release and Waiver of Liability.

I, for My Child, myself, my heirs, executors, administrators and assignees, hereby voluntarily release and forever discharge the **Florida International University** Board of Trustees, Florida International University, State of Florida, the Florida Board of Governors, and their respective officers, employees and agents, and as a loss payee, as interests may appear, from any and all claims, demands, damages, actions and causes of action which I, My Child, my heirs, executors, and administrators have or may ever have arising out of, by reason of, or in any manner growing out of any injuries, damages or death sustained by My Child resulting from My Child's Participation in The Program.

I acknowledge that I am fully aware of the physiological challenges associated with My Child's voluntary participation in The Program activities and that there may be several risks and hazards, including but not limited to, struck-by, falling, ripping or slipping injuries and/or property damage associated with My Child's Participation in the Program. Further, I understand and accept that there may be other risks not known to me or not reasonably foreseeable at this time.

I further acknowledge that I have verified with My Child's medical care provider that My Child has no physical condition that would prevent them from safely participating in these activities. I give my consent for My Child to receive emergency medical treatment in the event of injury or illness and agree to be responsible for all costs associated with My Child's transportation and treatment.

I have read this release and understand all its terms, I have been provided the opportunity to ask questions and as appropriate such questions have been answered to my satisfaction, therefore I execute this waiver voluntarily, with full knowledge that I am relinquishing significant rights and occurring certain duties.

Parent/Guardian's Name (Print)

Signature

Date

FIU RELEASE FORM

I hereby give Florida International University and their employees, agents, licenses, representatives or assigns, and those acting under their permission and upon their authority or those for whom Florida International University is acting the absolute right and permission to copyright and/or use and/or publish, exhibit, display, broadcast or print any portions of files, videotapes, kinescope, audiotapes, still pictures, slides, or any other type of recording in which I may be included in whole or part, made through any media, without inspection or approval of the finished product or use to which it may be applied.

I also grant the right to include my possessions and/or background objects, which may appear in the final product.

I further release Florida International University, their representatives, assigns, agents or licenses from any liability for what I or anyone claiming by, through, or under me might deem misrepresentation or in connection with use of any of the aforementioned items in which I may have appeared. I am 18 years of age or older and have read the above authorization and release prior to its execution. If under 18 years of age, the legal guardian indicated below has signed on my behalf.

CHILD'S NAME _____

PLEASE PRINT

PARENT'S NAME: _____

Signature: _____ **Date** _____

PARENT / GUARDIAN

Miami PREP Summer Program

Application for Tuition Assistance

A limited number of scholarships are available to those families who are officially enrolled in one of the federal financial assistance programs: Proof of current enrollment in one of these programs is required.

Students from low-income homes who attend private schools and does not have the above proof can still receive financial assistance by providing proof of household income in the form of tax return. Household income must be at/or below the income criteria found in the chart below.

- If the household income qualifies for free or reduce-priced lunch, the student may qualify.

Number of people in household	Total gross monthly household income	Monthly maximum income for an 88% scholarship	Monthly maximum income for an 74% scholarship	Monthly maximum income for an 60% scholarship	Monthly maximum income for an 50% scholarship
1	\$1,980	\$2,129	\$2,277	\$2,426	\$2,574
2	\$2,670	\$2,871	\$3,071	\$3,271	\$3,471
3	\$3,360	\$3,612	\$3,864	\$4,116	\$4,368
4	\$4,050	\$4,354	\$4,658	\$4,962	\$5,265
5	\$4,740	\$5,096	\$5,451	\$5,807	\$6,162

Additionally, tuition assistance funds will be allotted on a first-applied, first-awarded basis, until scholarship funding is exhausted. Thereafter, a waiting list will be established in case additional sponsorship funding is obtained or if a previously enrolled student awardee withdraws from the program. Please note the following tuition assistance restrictions:

- Scholarships will not cover the \$25 registration fee.
- Current 6th, 7th, & 8th graders may apply only to the **National Summer Transportation Institute** scholarship program.
- National Summer Transportation Institute scholarships cover 100% of the tuition costs for the full 5 weeks, but students **must attend all five weeks to enroll**.
- Current 3rd, 4th, and 5th graders may apply only to the **Children’s Trust** scholarship program.

 Student Last Name _____ First Name _____ MI _____
 Address _____ Apt. _____ City _____ State _____ Zip
 Code _____
 Current Grade Level _____ Current School _____ Current Grade Point
 Average _____

Tuition Assistance is being sought from the Miami PREP Summer Program based on my family’s/child’s enrollment in one or more of the following federal financial assistance programs. I understand that I will need to submit proof of *CURRENT* enrollment in the following program(s) in order to receive tuition assistance (mark as many as apply):

- Supplemental Nutritional Assistance Program (SNAP)
- Temporary Assistance to Needy Families (TANF)
- National School Lunch Program - free lunch status (NSLP)
- Supplemental Security Income (SSI)

Name: _____ Parent/Guardian Name (Print)

Signature: _____ Date _____

National Summer Transportation Institute Scholarship Requirements

- Student must be currently in 6th, 7th or 8th grade (copy of latest student grade report needed).
- Student/family must be enrolled in at least one of the four federal financial assistance programs listed above (proof of enrollment required).
- Student must have an overall 2.50 Grade Point Average during the current academic year.
- Only one (1) scholarship from this program may be awarded per family (second child may use sibling discount).
- Student must attend full length (**5 weeks**) of program June 27th – July 29th (parents/guardians must pay the \$25 registration fee).

Emergency Pick up/Contact Form

PLEASE PRINT ALL DETAILS CLEARLY

_____ **Last Name** _____ **First Name** _____ **Middle Name** _____

Home Address: _____

_____ **City** _____ **State** _____ **Zip Code** _____ **Date of Birth** _____

Cell Phone: Area Code () _____ **Home Telephone: ()** _____

Please list the people you would like to be notified in case of emergency/pick up.

(1) Mother's name (and or) Father's name: _____

_____ **Street Address** _____ **City** _____ **State** _____ **Zip Code** _____

Email: _____ **Daytime Phone # ()** _____

(2) Alternative Family Member: _____

_____ **Street Address** _____ **City** _____ **State** _____ **Zip Code** _____

Daytime Phone # () _____

In case of an event you can't pick your child, this information will be used to release your child by MiamiPREP's personnel. I agree that any of my emergency contacts listed on this is authorized to pick up my child.

Signature & Date: _____ **Name:** _____

Does your child have any special health related problems: _____

Physician's Name : _____ **Phone # ()** _____

ANIMATION GETS REAL 2017 Summer Camp for Teens with Autism and Related Disabilities

When:	July 24 – 28, 2017 9:00 am – 4:00 pm	
Session A:	9:00 am – 12:00 Noon 12:00 Noon – 1:00 pm 1:00 pm – 4:00 pm	Animation Lunch iPad Music
Session B:	9:00 am – 12:00 Noon 12:00 Noon – 1:00 pm 1:00 pm – 4:00 pm	iPad Music Lunch Animation



Where: FIU College of Engineering & Computing
10555 W. Flagler Street, Miami, FL, 33174

Fee: \$65

Explore the exciting world of animation and filmmaking as you learn real life skills, including: Animation, Writing and Editing, Storyboarding, and Music Making

Animation Gets Real is presented by the Miami-Dade County Department of Cultural Affairs All Kids Included Initiative in partnership with VSA Florida and the FIU College of Engineering & Computing.

FOR MORE INFORMATION, VISIT: AllKidsIncludedMiami.org or call (305) 375-4634

About the Animation Gets Real Instructors:

Dani Bowman, animator, author and entrepreneur will impart her animation skills while exuding enthusiastic inspiration to students with disabilities. Dani has ASD, Asperger's Syndrome Disorder and has been teaching animation for 6 years since she founded her company Powerlight Studios in Los Angeles, CA.

Dr. Clint Randles, Assistant Professor of Music Education at University of South Florida and a VSA Florida teaching artist in the Tampa Bay area, teaches iPad music, an innovative musical art form that can be adapted to everyone. Dr. Randles teaches pre-service music teachers, works with local school districts, and conducts research on the place of creativity in the music curriculum.

All Kids Included (AKI) promotes inclusive arts and cultural programs in school settings and throughout the community so that kids of all abilities and their families can participate fully in the arts. AKI is an initiative of the Miami-Dade County Department of Cultural Affairs and is made possible with the support of the Miami-Dade County

Department of Cultural Affairs and the Cultural Affairs Council, the Miami-Dade County Mayor and Board of County Commissioners, and in part through grant funding provided by The Children's Trust. The Children's Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.



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Made possible with the support of VSA Florida, the Miami-Dade County Department of Cultural Affairs and the Cultural Affairs Council, the Miami-Dade County Mayor and Board of County Commissioners, and in part through grant funding provided by The Children's Trust. The Children's Trust is a dedicated source of revenue established by voter referendum to improve the lives of children and families in Miami-Dade County.

HyperLink to Animation Gets Real webpage: <http://miamidadearts.org/education/vsa-florida-animation-gets-real-summer-camp>

2017 VSA FLORIDA SUMMER CAMP

for teens with autism and related disabilities



JULY 24 – 28 |
MIAMI

ANIMATION GETS REAL

Explore the exciting world of animation and filmmaking as you learn real life skills, including:

Animation ✦ Writing and Editing ✦ Storyboarding ✦ Music Making

About the instructors:

Dani Bowman, animator, author and entrepreneur will impart her animation skills while exuding enthusiastic inspiration to students with disabilities. Dani has ASD, Asperger's Syndrome Disorder and has been teaching animation for 6 years since she founded her company Powerlight Studios in Los Angeles, CA.

Dr. Clint Randles, Assistant Professor of Music Education at University of South Florida and a VSA Florida teaching artist in the Tampa Bay area, teaches iPad music, an innovative musical art form that can be adapted to everyone. Dr. Randles teaches pre-service music teachers, works with local school districts, and conducts research on the place of creativity in the music curriculum.



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July 24 – 28, 2017
9am – 4pm

Where:
FIU College of Engineering & Computing
10555 W. Flagler Street,
Miami, FL 33174

Fee: \$65



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**FOR MORE
INFORMATION
VISIT**

AllKidsIncludedMiami.org
(305) 375-4634