



# Registration Form

## Home Mailing Address and Phone Number

Home Address \_\_\_\_\_  
Apt# \_\_\_\_\_ DC Neighborhood \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Best Daytime Contact Number \_\_\_\_\_

## Parent and Guardian Contact Information

Parent/Guardian (Please Print)

Name \_\_\_\_\_  Male  Female  
First Name Last Name

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

(Please check all that apply.)

African American  Asian American  Caucasian  Latino/Hispanic  Native American  Other

## Student #1 Information

Student's Name (please print) \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Neighborhood student lives in \_\_\_\_\_

(Please check all that apply.)

African American  Asian American  Caucasian  Latino/Hispanic  Native American  Other

What school do you attend? \_\_\_\_\_ Grade \_\_\_\_\_

## Student #2 Information

Student's Name (please print) \_\_\_\_\_  Male  Female

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Neighborhood student lives in \_\_\_\_\_

(Please check all that apply.)

African American  Asian American  Caucasian  Latino/Hispanic  Native American  Other

What school do you attend? \_\_\_\_\_ Grade \_\_\_\_\_



# 2017 Medical Information Form

**Student #1 Name:** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs Concerns \_\_\_\_\_

Special Accommodations Needed \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_

Medications being taken \_\_\_\_\_

Medications that need to be carried by the student \_\_\_\_\_

Other information about this student: \_\_\_\_\_

\*Peace staff will not administer medication. A doctor's note must be provided to give student permission to self-administer.

**Student #2 Name:** \_\_\_\_\_

**Student Date of Birth:** \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs Concerns \_\_\_\_\_

Special Accommodations Needed \_\_\_\_\_

Does your child have an IEP? \_\_\_\_\_

Medications being taken \_\_\_\_\_

Medications that need to be carried by the student \_\_\_\_\_

Other information about this student: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



# Household Emergency Information

## Emergency Contacts



List at least one additional adult who is aware that their name is being given to Peace Fellowship, has permission to pick up the student, and should be contacted in the event of an emergency if the primary parents or guardians cannot be contacted.

***Please list people who are NOT the parent or guardian.***

### **Emergency Contact 1**

Name \_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### **Emergency Contact 2**

Name \_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_



# Student Releases 2017

## Permission Slips & Waivers

REGISTRATION FORM

I, \_\_\_\_\_, the undersigned parent or guardian of,  
\_\_\_\_\_

agree to each statement of release in its entirety as it pertains to my student(s) or my safety and well being while enrolled at Peace Fellowship. I agree to initial and sign below to acknowledge that I have read, understand and agree to the following statements. If I have questions regarding any of these statements, I must contact a Peace staff member immediately. If I fail to complete this section of the registration form, my student(s) registration may be held until the issue is resolved.

\_\_\_\_\_ At Peace, photographs of students engaged in classes, activities and events may be used in Peace's publications, including, but not limited to, newsletters, social media, and informational brochures and flyers. I acknowledge that my child's photos may be used for these purposes.

**If I do not want my student(s)' photo to be used in this way, I must provide a written request .**

\_\_\_\_\_ I acknowledge that my student(s) may be asked to complete a survey about their experience at Peace Fellowship's summer ministry.

\_\_\_\_\_ I do hereby give my consent for my son/daughter to participate in any Peace Fellowship Church sponsored activity. By my signature, I acknowledge that neither Peace Fellowship nor any of its staff, nor volunteers will be held liable in the event of accident or injury to my son/daughter. Peace Fellowship will take every reasonable precaution to provide for the safety of the children while participating in Peace Fellowship activities.

\_\_\_\_\_ I understand that in the event of an emergency, my child may receive First Aid or CPR from trained staff or faculty on site. I do hereby give my consent in the event all reasonable attempts by the authorized medical personnel to contact me have been unsuccessful for:

1. The administration of any treatment deemed necessary by emergency medical personnel.
2. The transfer of the participant to a hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of a second licensed physician concurring in the necessity for such surgery is obtained prior to the performance of such surgery.

\_\_\_\_\_ I understand that my child(ren) will be asked to participate in a specifically religious (Christian) education program which may involve Bible Study and discussion of faith and spiritual matters.



**Permission Slips & Waivers (continued)**

Initial

\_\_\_\_\_ I understand that my student(s) class may take walking fieldtrips with their class during class time and will be accompanied by the teacher at all times. I hereby agree to hold Peace Fellowship, its directors, employees and volunteers free from all damages or liability for any injury to my student(s) or other person or to any property arising from my students travel and participation in the activity described above.

\_\_\_\_\_ I understand that I must sign my student out each day. I must provide permission for my student to leave on his or her own and provide the names and phone numbers of all people with permission to pick up my student.

\_\_\_\_\_ I understand that students must be picked up at Peace Fellowship by 6 pm.

\_\_\_\_\_ I have read and agree to the statements in the community covenant.

**By signing below, I understand and agree to the parent releases set forth by Peace Fellowship.**

Parent Name (Please Print) \_\_\_\_\_  
(First Name) (Last Name)

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Student #2 Signature \_\_\_\_\_ Date \_\_\_\_\_



# Community Covenant

## Family and Student Responsibilities



1. I agree to be on time for camp each day and will call Peace if I cannot attend. My parent agrees to pick me up every day on time.



2. I agree to be faithful to myself and God trying my best in each class to learn and have fun.



3. I agree to obey all staff and volunteers. This is for my own safety and for the respect of all other students. My parent/guardian may be asked to pick me up early if I do not follow directions.

4. I agree to do my best to treat all instructors, students, equipment and myself with respect at all times.



5. I agree to not use any electronic devices while at camp such as cell phones and Ipods, MP3 players, etc. In addition, personal items, such as jewelry, should not be brought to the camp. Peace Fellowship's staff, volunteers or interns are not responsible for loss or damage to personal items or electronics.



6. I understand that I may not bring in junk food such as soda and chips.. I will be offered a healthy breakfast, lunch and snack each day.

**EXIT**

7. I agree to only leave with my parent or guardian unless I have been given permission to leave with another relative.



# Pick Up Form

Student(s) Name (Please Print)

---

---

---

Please check the appropriate box:

- My student(s) \_\_\_\_\_ may leave on their own at 6 pm each day.
- My student(s) \_\_\_\_\_ will be picked up from the Church at 6:00 pm each day by one of the following listed people (other than myself).

Please list those authorized to pick up your child(ren) from Peace Fellowship.

Name	Phone
_____	_____
_____	_____
_____	_____

- My student may leave with his/her sibling(s).  
Please list sibling(s) who will pick up your student \_\_\_\_\_
- 

Please list any person(s) **not authorized** to pick up your student(s). Please provide a photo or description of these people.

---

*Identification may be requested to pick up your student.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Students without pick up forms can only be picked up by the parents listed on the registration forms.