**REGISTRATION AND PERMISSION SLIP**

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| Summer-at-Faith-logo-transparent.png | | | | | | |
| Today’s date: | | | | | | |
| STudent INFORMATION | | | | | | |
| Student Name: | | Student phone number *(if applicable)*: | | | | |
| School: | Grade *(entering for 2017-*  *2018 school year)*: | | Birth date: | Age: | Sex: | |
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| **HOUSEHOLD INFORMATION** | | | | | | | | | | | | | | | |
| Parent/guardian name(s): | | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | Phone number: | | | | | | | |
| City: | | | | | | | | State: | | | | | ZIP Code: | | |
|  | | | | |  | | |
| Parent/guardian email: | | | | | | | | | | | | | | | |
| How did you hear about Summer@Faith? | | | | |  |  | | | | | |  | |  | |
| ❑ Friend | | ❑ School | ❑ PLAN Learning Center | ❑ FCF Church | | | | ❑Other | | |  | | | | |
|  | | | | | | | | | | | | | | | |
| mEDICAL INFORMATION | | | | | | | | | | | | | | | |
| Is your child covered by health insurance? ❑ Yes ❑ No | | | | | | | | | | | | | | | |
| Emergency Contact Name: | | | | | | | Phone number: | | | | | | | | |
| Insurance Company: | | | | | | | Policy Number: | | | | | | | | |
| Physician Name: | | | | | | | Phone Number: | | | | | | | | |
| List any medical concerns (allergies, medications, special needs, etc.): | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **PROGRAM OPTIONS** | | | Please check all the programs that your child will participate in: | | |  | Tuesday Night Bible Camp (1st through 6th grade, $20 per student) | |  | Wednesday Night PLANarts (3rd through 12th grade, $30 per student) | |  | Thursday Night Summer Reading Program (1st through 8th grade, $10 per student) | |  | **\*\*\*Partial and full scholarships are available; financial needs should not prevent participation in this program. Please check here if you would like to be contacted about receiving a scholarship.** | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **TRANSPORTATION PLAN (for children in 1st through 8th grade only)** | | | | Students in 1st through 8th grade should be picked up by an adult at 8:30 each night. Please mark all that apply. | | | |  | My child will be picked up by a parent, guardian, or family friend. *(List names for all adults who may pick up the child.)* | |  | I would like the PLAN van to transport my child to and from the summer program. (On a first come, first served basis. The van will operate based on need.) | |  | I am willing to be contacted about providing transportation for a family that lives close to mine, if the need exists. | | | | | | | | | | | | | | | | |
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| PERMISSION/WAIVER | | | | | | | | | | | | | | | |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the parent/guardian of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I give permission for my child to attend and fully participate in the various summer activities sponsored by Faith Christian Fellowship and PLAN (Pen Lucy Action Network). FCF & PLAN are only liable and/or responsible for my child during activities or when providing transportation. If they walk to and from activities, FCF & PLAN is not responsible for their well-being during that time. I understand that pre-screened and approved adult chaperones will always be present in supervisory and participatory roles, and that these chaperones agree to follow the FCF Youth mutual protection policy to safeguard everyone involved from actual or apparent risk.  I agree not to hold any staff or volunteer for FCF & PLAN and its cooperating agencies and institutions liable for any physical or emotional injury that may occur during any activity where the volunteers are acting in a responsible, careful and prudent manner. I understand that there is some inherent risk involved in any activity and I am still giving my child permission to participate. My child is in good health and I am not aware of any health problems that would prevent them from participating in vigorous physical activity.  I understand that my child can be removed (after a warning to child and parent/guardian) from any activity or program for continually breaking rules.  If my child is removed, I waive my right to receive back any fees paid for participation. FCF & PLAN is a Christian organization and will therefore adhere to and promote a Christian worldview. I further state that I am aware of the program fees. I agree to pay this amount by the end of the first week of programming unless I have made other arrangements with the *Summer@Faith* Supervisor.  By signing this form, I understand, accept and agree to abide by all its terms. | | | | | | | | | | | | | | | |
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|  | Patient/Guardian signature | | | | | | | |  | Date | | | | |  |
|  | FCF & PLAN seek to inform our supporters, donors and volunteers about the great progress happening during Summer at Faith through social media (Facebook, website and e-newsletters). By initialing below you agree to release photos of your children taken at Summer at Faith events to help us maintain and grow our support network.     |  |  |  | | --- | --- | --- | |  |  |  | | Patient/Guardian signature |  | Date |  | | | | | | | | | | | | | | | |
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