

**AFTER SCHOOL PROGRAM**  
**2019-2020 Child Enrollment Form**  
*(Please complete one form for each child.)*



**PROGRAM DATES:**  
**SEPTEMBER 9, 2019 – MAY 14, 2020**  
**3:30pm – 5:30pm, Mondays - Thursdays**

Today's Date \_\_\_\_\_

Your Name \_\_\_\_\_

**Relationship to this Child**

Parent  Legal Guardian  Foster Parent  Grandparent/other relative

Child's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ County of Residence: \_\_\_\_\_

Is this child living with you?  Yes  No

Preferred Name or Nickname \_\_\_\_\_ Gender  Male  Female

**Race/Ethnicity**

- African American/Black, non-Latino  Asian, Native Hawaiian or Pacific Islander  
 American Indian or Alaska Native  Hispanic/Latino  
 White, non-Latino  Other

First Parent/Guardian's Name \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Number and Street  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_

Highest grade completed or degree earned \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Does the child live with this parent or guardian?  Yes  No

**Second Parent/Guardian's Name** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Number and Street  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ Highest grade completed or degree earned \_\_\_\_\_

**Home phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Work phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Cell Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Email** \_\_\_\_\_

Does the child live with this parent or guardian?  Yes  No

Please detail any custody arrangements regarding this child that staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list other adults authorized to pick up your children:**  
**Name Relationship Phone Number**

1. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

2. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

3. \_\_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Emergency contact (if parent or guardian cannot be reached):**

**Name** \_\_\_\_\_

**Relationship to child** \_\_\_\_\_

**Home phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Work phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Cell phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Does this child receive free/reduced price lunch at school during the school year?**

Yes

No

How many people live in your household?

\_\_\_\_\_

How many children live in your household?

\_\_\_\_\_

Household annual income

\$\_\_\_\_\_

Has any member of the child's immediate family been incarcerated at any point in the last 5 years?

Yes

No

Name of child's school: \_\_\_\_\_

**Grade enrolled in 2019-2020:** \_\_\_\_\_

**Was the child in special education during the 2018-2019 school year?**

Yes

No

**Has the child ever repeated a grade?**

Yes

No

**Did your child have an Individual Education Plan for the 2018-2019 school year?**

Yes

No

## Medical Information

Has a doctor or health professional ever told you that this child has any of the following conditions?

- Asthma
- Hearing problems
- Vision problems
- Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, that is ADD or ADHD
- Depression or anxiety problems
- Behavior or conduct problems
- Bone, joint, or muscle problems
- Diabetes
- Autism
- Any developmental delay or physical impairment
- None

During the past 12 months, have you been told by a doctor or other health professional that this child had any of the following conditions?

- Hay fever or any kind of respiratory allergy
- Any kind of food or digestive allergy
- Eczema or any kind of skin allergy
- Frequent or severe headaches, including migraines
- Stuttering, stammering, or other speech problems
- Three or more ear infections
- None

**Please list any allergies:**

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Does this child currently need or use medicine prescribed by a doctor?

- Yes  No

**Please list the medication(s):**

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Does this child administer the prescribed medicine to his/herself?

Yes  No  N/A

Is this child limited or prevented in any way in his/her ability to do the things most children of the same age can do?

Yes  No

If yes, please explain:

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Has a doctor, health professional, teacher, or school official ever told you that this child has a learning disability?

Yes  No

If yes, please explain:

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Has this child been to the doctor for any reason in the last 12 months?  Yes  No

Has this child been to the dentist in the last 12 months?  Yes  No

**Please provide the following information:**

Does this child have health insurance?  Yes  No

If yes, complete the information below.

Health insurance carrier \_\_\_\_\_

Name of policy holder \_\_\_\_\_

Identification number \_\_\_\_\_

Group number \_\_\_\_\_

Please explain any special procedures that should be followed in the event of a medical emergency:

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# Parent/Guardian Consent Form

I, \_\_\_\_\_ (Parent/Guardian's Name), give permission to Peacemakers of Rocky Mount, Inc. and its designees to collect and record data on my child, \_\_\_\_\_ . This data gathering may include, but is not restricted to, the following:

- Surveys, tests, and/or interviews about his/her/their knowledge, attitudes, skills and behaviors in regard to his/her/their academic development such as motivation to read; nonacademic development such as leadership and conflict resolution skills; and overall satisfaction with the CDF Freedom School program.
- Academic assessments and other data (including behavioral information) school data from Nash Rocky Mount Schools.

I understand that the purposes of this information is to assist in educational and life skill enhancement of my child, and to document the impact of the After School Program. I also understand that this information will remain private, and that only Peacemakers of Rocky Mount, Inc. staff will be able to view this information. In addition, I understand I can take back my permission at any time.

Print Name \_\_\_\_\_

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

# PERMISSION TO TRANSPORT AND WAIVER OF LIABILITY

Child Name: \_\_\_\_\_

I, \_\_\_\_\_, (Parent/Guardian) am the Parent/Guardian of the above named participant(s), and execute this Release on behalf of myself, my spouse, and/or on behalf of any other individual with parental/guardianship interests. I understand that the Child desires to participate with Peacemakers of Rocky Mount, Inc. in various activities provided by the center. I understand that the activities may include, but are not limited to, travel to and from event sites, travel in vehicles owned by Peacemakers of Rocky Mount, Inc., as well as travel in personally owned vehicles of others, moving and lifting heavy objects, cooking and serving food, setup and tear down of equipment, and participation in recreational and sports activities.

I hereby freely, voluntarily, of my own will, in the absence of duress or extenuating circumstances, and after consultation with and approval by my spouse and/or any other individual with parental/guardianship interests execute the following:

- 1. Waiver and Release.** I, the Parent/Guardian, on behalf of myself, my spouse, and/or on behalf of any other individual with parental/guardianship interests, agree to release, forever discharge and hold harmless Peacemakers of Rocky Mount, Inc. from any claim that may exist against Peacemakers of Rocky Mount, Inc. for any bodily injury, personal injury, illness, death or property damage that may result from the Child's participation in any activity. This release shall be interpreted to be as broad in its extent and purpose as the law will allow, including release of any claims arising from Peacemakers of Rocky Mount, Inc.'s negligence. I also understand that Peacemakers of Rocky Mount, Inc. does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage.
- 2. Insurance.** Peacemakers of Rocky Mount, Inc. does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO PARTICIPATING IN AND/OR VOLUNTEERING FOR AN ACTIVITY.
- 3. Medical Treatment.** Except as otherwise agreed to by Peacemakers of Rocky Mount, Inc. in writing, I hereby release and forever discharge Peacemakers of Rocky Mount, Inc. from any claim that may arise on account of any first-aid treatment or other medical services rendered in connection with the Child's participation and/ or service with any Peacemakers of Rocky Mount, Inc. activity.
- 4. Indemnification / Assumption of Risk.** I understand that the Child's participation with Peacemakers of Rocky Mount, Inc. may include activities that may present inherent hazards, including, but not limited to, cooking and food preparation, loading and unloading of heavy equipment and supplies, transportation to and from events, setup and tear down of equipment, and recreational and sport activities. I acknowledge that the Child's time with Peacemakers of Rocky Mount, Inc., in some situations, may involve inherently dangerous activities. I hereby assume the risk of injury, harm, illness, death, and property damage that may result from said activities. I agree to indemnify Peacemakers of Rocky Mount, Inc. with respect to any liability for injury, harm, illness, death or property damage that may result from the Child's participation in such activities. I intend this indemnification / assumption of risk to be as broad in its extent and purpose as the law will allow, including assumption of risk and indemnification with respect to any claim that may arise from Peacemakers of Rocky Mount, Inc.'s negligence.

I have read the entire Release, and understand all of the provisions. I understand that I may consult with independent legal counsel before signing this agreement if I have any questions or concerns. I express my agreement with the foregoing provisions by my signature below.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Peacemakers of Rocky Mount, Inc. Media Release Form

I hereby authorize and irrevocably grant to Peacemakers of Rocky Mount, Inc. (Peacemakers) and its affiliates, licensees, agents and assigns the unrestricted right to use and publish any part of the information that I have given to Peacemakers and the right to record my name, voice, appearance, likeness and comments on film, videotape, audiotape, still photographs, print and any other media now known or hereafter invented. I acknowledge that Peacemakers shall own all right, title and interest in and to this media. I further agree that Peacemakers may cause all or parts of this media to be used for any and all publications, exhibitions, public displays, editorials, advertising or other purposes. I waive any inspection or approval of the media or any advertising or publicity in which my name, voice, appearance, likeness, narrative, or comments might appear. I expressly release and agree to hold harmless Peacemakers and its agents, employees, licensees and assigns from and against any and all claims including, but not limited to, invasion of privacy that I might ever have in any way relating to my interview or its use.

Print Name \_\_\_\_\_

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

### Parent Closing Statement

I hereby certify that the statements in this application are correct and true. I understand that my child(ren)'s enrollment as a Peacemakers of Rocky Mount, Inc. After School Program student is based, in part, on the information provided within this application and my agreeing to the terms as outlined in writing by Peacemakers.

Print Name \_\_\_\_\_

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

**Return all completed applications to:  
Peacemakers of Rocky Mount, Inc.  
1725 Davis Street  
Rocky Mount, NC 27803  
or fax to 252.972.7895**

**For more information, call Peacemakers at 252.212.5044**