

AFTER SCHOOL PROGRAM

2024-2025 Child Enrollment Form

(Please complete one form for each child.)



The After School Program operates Mondays – Thursdays, 3:30pm – 5:30pm, August 26, 2024 to May 19, 2025. This program assists Kindergarten – 5th graders with homework and provides supplemental instruction and a daily snack.

Today's Date _____

Your Name _____

Relationship to this Child

Parent Legal Guardian Foster Parent Grandparent/other relative

Child's Name _____

Grade enrolled in 2024-2025: _____

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: _____

Was the child in special education during the 2019-2020 school year?

Yes No

Has the child ever repeated a grade?

Yes

No

Did your child have an Individual Education Plan for the 2019-2020 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:

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

Yes No

Please list the medication(s):

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:

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:

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: _____

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 After 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.
2221 W. Raleigh Blvd.
Rocky Mount, NC 27803**

or fax to 252.316.8073

For more information, call Peacemakers at 252.212.5044