



LevelUp

Summer Academic Enrichment Program

CHILD ENROLLMENT FORM FOR SUMMER 2025 (6/23 - 8/1)

A non-refundable registration fee of \$35 must accompany each submitted application.

Child's Name (First, Middle, Last):	Today's Date:
REFERRAL INFORMATION (TO BE COMPLETED BY PERSON REFERRING CHILD TO LEVEL UP. IF CHILD IS BEING REFERRED BY PARENT/GUARDIAN, THEN THAT PERSON SHOULD COMPLETE THIS SECTION.)	
Name of Person Referring Child to Level Up:	Relationship to Child:
Phone: Email:	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> School Social Worker <input type="checkbox"/> Teacher/School Administrator/School Counselor <input type="checkbox"/> SRO <input type="checkbox"/> Court Counselor <input type="checkbox"/> Other Law Enforcement <input type="checkbox"/> DSS Social Worker <input type="checkbox"/> Other: _____
Current Legal Status of Child: <input type="checkbox"/> N/A - No Juvenile Justice Involvement <input type="checkbox"/> Court Counselor Consultation <input type="checkbox"/> Diversion Plan/Contract <input type="checkbox"/> Petition Filed <input type="checkbox"/> Deferred Prosecution <input type="checkbox"/> Adjudicated Undisciplined Disposition Pending <input type="checkbox"/> Adjudicated Delinquent Disposition Pending <input type="checkbox"/> Protective Supervision <input type="checkbox"/> Probation <input type="checkbox"/> Commitment <input type="checkbox"/> Post-Release Supervision <input type="checkbox"/> Continuation Services	Number of Runaways: _____ Number of Short-Term Suspensions: _____ Number of Long-Term Suspensions: _____ Number of Expulsions: _____

Does the child speak English? Yes No	Has the child experienced homelessness at any time during the last 12 months? Yes No
Primary language spoken in the household?	Does this child live in the South Rocky Mount area? Yes No

Please circle any behaviors/risk indicators that are or have been applicable to this child in the last 12 months:

INDIVIDUAL

- Bullying Behavior
- Negative Labeling/Bullied
- Crime/Delinquency
- Fighting/Aggressive Behavior
Fire Setting
- Impulsive/Risk Taking
- Mental Health Issues/
Depression/Anxiety/
Temper Tantrums
- Poor Social Skills/Anti-Social
- Run Away from Home
- Self-Mutilation
- Sexually Active
- Sexual Offense
- Sexual/Physical/Mental
Abuse/Victimization/
Trauma

Substance Use (alcohol or drugs)

- Suicide Attempts
- Suicidal Ideation/Threats
- FAMILY**
- Excessive Dependence on Parents
- Family Conflict
- Lack of Discipline by Parent or
Child is Ungovernable
- Sibling or Parent/Guardian on
Probation or Incarcerated
- Substance Abuse in Home
- SCHOOL**
- Academic Failure/Behind Grade
Level for Age
- Behavior Problems: Disruptive in
Class/Referrals to
Office/Suspensions
- Truancy/Skipping School

PEER

- Gang Associate or Member or
Gang Involvement
- Negative Peer
Associations/Association with
Aggressive Peers
- Typically Associates with Negative
Older Persons

COMMUNITY

- Availability or Perceived Access to
Drugs
- Disadvantaged/Disorganized/
Impoverished Neighborhood
- Feeling Unsafe in Home
Neighborhood
- High Crime Rate in Home
Neighborhood

Why are you referring this child to Level Up:

CHILD INFORMATION (TO BE COMPLETED BY PARENT/GUARDIAN)

Child's Last Name: First: Middle:			Birthdate: / /	Age:
Home Address:			Gender: Male Female	Grade Completed May/June 2024:
City:	State:	ZIP Code:	County:	School Name:
Does your child have health insurance? Yes No If yes, what is your child's health insurance carrier?			Has your child attended Peacemakers summer programs before? Yes No If yes, how many years? _____	
Does your child have any allergies or health conditions of which we should be made aware? Yes No If yes, what?			Child's Race/Ethnicity: _____ American Indian/Alaska Native _____ Native Hawaiian/Pacific Islander _____ Asian _____ Black/African American _____ White _____ Other: _____	
Has your child ever participated in Special Education or had a 504 plan? Yes No			Please list any dates between June 23 and August 1 that you know your child will not be able to attend Level Up:	
T-Shirt Size: YS YM YL S M L XL XXL 3X				
What are some strategies our team can use to best support your child's learning throughout the summer? (ex: needs additional reading help, prefers small groups)			Is there anything else that you would like to share about your child?	

FAMILY INFORMATION

Last Name of Parent/Guardian: First: Middle:

<p>Relation to Child:</p> <p>____ Parent</p> <p>____ Grandparent</p> <p>____ Other Relative</p> <p>____ Guardian</p> <p>____ Other: _____</p>	<p>Parents living in the child's home:</p> <p style="text-align: center;">Mom only Dad only Mom and Dad None</p> <p>How many people live in the household? _____</p> <p>Number of children age 6 - 18? _____</p> <p>Number of children 5 and under? _____</p>
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<p>Cell Phone:</p> <p>Home Phone:</p> <p>Work Phone:</p>	<p>Email Address:</p>
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EMERGENCY CONTACT

<p>Last Name: First Name:</p>	<p>Cell Phone:</p> <p>Home Phone:</p> <p>Work Phone:</p>
<p>Is this person authorized to pick up the child you enrolled? Yes No</p>	

Please list the other adults who are authorized to pick up the child you are enrolling in the program.

Name:	Relationship:	Cell Phone Number:
1.		
2.		
3.		
4.		

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 Level Up program.
- Academic assessments and school data from report cards. These will be collected minimally twice: either shortly before the program begins, during the program, or shortly after the program ends.

I understand that the purposes of these surveys, tests, and interviews are to document the impact of the Level Up Program on its participants and to identify areas for improvement. I also understand that this information will remain private, and that only my child(ren)'s site director(s) and research assistants approved by Peacemakers of Rocky Mount, Inc. will be able to look at his/her responses. In addition, I understand I can take back my permission at any time.

Print Name _____

Signature _____ Date _____

**PERMISSION TO TRANSPORT
AND WAVIER OF LIABILITY**

Child's Name: _____

I, _____, (Parent/Guardian) am the Parent/Guardian of the above-named participant, 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, _____, on behalf of myself and my child,
_____, 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 our names, voices, 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/Guardian Closing Statement

I hereby certify that the statements in this application are correct and true. I understand that my child's enrollment as a Peacemakers of Rocky Mount, Inc. Level Up 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