



Our Father's Family Keeper Ministries

K-12 Summer Academic and Enrichment Program Registration Form

When: June 15, 2015 through July 31, 2015, except July 2nd and July 3rd

Where: Sam Adams Elementary School , 7:30 a.m. - 4:30 p.m.

Student Information

Male Female (circle one)

Last Name _____ Middle _____ First Name _____

Address _____ Zip Code _____

Home Phone _____ Birthday _____

(Applicable to K – 6 only) Home Room or Primary Teacher: _____

Circle Grade Level Recently Completed

AS OF THE END OF THE 2014-2015 SCHOOL YEAR:

K 1 2 3 4 5 6 7 8 9 10 11 12

Parent/Guardian Emergency Contact Information

Emergency Contact #1

Name: _____ Relationship to Student: _____

Address: _____ City: _____ Zip Code: _____

Mobile Phone: _____ Day Phone: _____

Emergency Contact #2

Name: _____ Relationship to Student: _____

Address: _____ City: _____ Zip Code: _____

Mobile Phone: _____ Day Phone: _____



Student Health Information

Special Conditions to be watched for such as ALLERGY (reactions to food, penicillin or other Rx or over the counter medications) diabetes, asthma, etc. _____

CHILD RELEASE INFORMATION

Will your child depart from the program site other than by bus? (check one) Yes ___ No ___

If yes, please circle one: WALK BIKE PICKED UP BY AN ADULT

If your child is transported by bus to his/her drop off site, how will he/she reach home?

Please circle one: WALK BIKE PICKED UP BY AN ADULT

If walking /biking and there is inclement weather (rain, tornado warning, watchers, etc.) who will pick up your child?

Please list the person(s) most likely to pick up your child from the program:

Name _____ Name _____

Relationship _____ Relationship _____

Phone Number _____ Phone Number _____

Important Note: An authorized adult is ONLY someone whose name has been listed on the Our Father's Family Keeper Ministries registration form. If someone else will be picking up my child, I will send a note.



RELEASE FROM LIABILITY

*****Parent/Guardian must sign in order for student to participate**

I, the undersigned, for myself, my executors, administrators, heirs, and assignees, do hereby release and discharge OUR FATHER'S FAMILY KEEPER MINISTRIES and their officials and employees, other contributors, and volunteers of all damages, demands, or actions whatsoever in any manner arising or growing out of my family's participation in the OUR FATHER'S FAMILY KEEPER MINISTRIES SUMMER SCHOOL PROGRAM, including travel to and from. Although care will be taken to provide a safe program, I acknowledge there are certain risks involved.

Parent/Guardian Name (Print) Relationship to Student Date

Parent/Guardian Signature

Field Trip Permission

I hereby give my permission to Our Father's Family Keeper Ministries for my child to be transported in a vehicle/bus to participate in field trips.

Parent/ Guardian Signature Date

Photo Events Permission

We may take pictures (still photographs or taped videos) of the students for projects, newsletter, website and /or newspaper articles. To do this we need permission. Please complete the information below.

Yes, my child _____, may participate in photo events.

No, please do not include my child, _____, in photo events.

Parent/ Guardian Signature Date



Parent Agreement for Summer 2015

Please initial each of the following that pertain to your program selection. By initialing you have read and agree to abide by each point.

Attendance - Summer Program

_____ My children (ren) are expected to attend Our Father's Family Keeper Summer School Program Monday through Friday from 7:30a.m. to 4:30 p.m.

I understand that my child may not be absent more than 3 days and/or have more than 2 tardies to be eligible for p.m. enrichment.

Discipline - Summer Program

_____ A written Incident Report will be completed and discussed with my child if he/she behaves disrespectfully or improperly destroys property, injures another person, uses improper language, or in any way disrupts "Our Father's Family Keeper Ministries" Summer School Program.

_____ Discipline Policy is as follows:

- 1st Offense: Principal or Coordinator talks to the student and notifies the parent in writing.
- 2nd Offense: Principal or Coordinator talks to the students, notifies the parent in writing and a meeting will be scheduled with parent/guardian. Upon the severity of the offense, the principal or Coordinator can determine that my student may be terminated from the program.

Emergencies - Summer Program

_____ In case of emergency, staff will contact me and /or emergency contact listed with Our Father's Family Keeper Ministries. I agree to update Our Father's Family Keeper Ministries with any new information. **If information is not current, my child will be excluded from the program until updated information has been provided.**

_____ **If immediate hospital attention is needed, staff will call 911. I understand that I will be held responsible for all cost incurred.**



I the undersigned, for myself, my executors, administrators, heirs, and assignees, do hereby release and discharge Our Father's Family Keeper Ministries and their officials and employees, other contributors, and volunteers of all claims and damages, demands, or actions whatsoever in any matter arising or growing out of family's participation with Our Father's Family Keeper Ministries Summer School Program, including travel from site. Although care will be taken to provide a safe program, I acknowledge there are certain risks involved.

Parent/Guardian#1 Signature

___/___/___
Date

Parent/Guardian #2 Signature

___/___/___
Date

Thank you for registering!

Contact Information:

Our Father's Family Keeper Ministries

Phone: (269) 476-1257

Fax No.: (269) 609- 5900

Email: ourfathersfamily@ymail.com

Website: www.ourfathersfamilykeeper.org

Mailing Address: P.O. Box 9, Vandalia, MI. 49095

*** * * A copy of the completed registration form will be returned for your records * * ***