



HOF SUMMER ENROLLMENT FORM 2017



Child's Full Name	Child's Date of Birth	Child's Home Telephone No.
Child's Full Name	Child's Date of Birth	Child's Home Telephone No.
Child's Full Name	Child's Date of Birth	Child's Home Telephone No.
Child's Full Name	Child's Date of Birth	Child's Home Telephone No.
Child's or Children's Home Address		
Date of Admission	Date of Withdrawal	Date of Disciplinary Actions
Mother's or Female Guardian's Name:		Father's or Male Guardian's Name:
Mother's Telephone No.	Father's Telephone No.	If applicable, Guardian's Telephone No.
Mother's Email Address:	Father's Email Address:	
Give the name, address and phone number of person to call in case of an emergency if parents/guardian cannot be reached:		Relationship
CHECK ALL THAT APPLY: 1. <input type="checkbox"/> Transportation: hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	-my consent for my child to be transported and supervised by the operation's volunteers; <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips	I hereby authorize HOF Summer Program to allow my child to leave the facility only with the following persons. Please list name & phone number for each. Children will only be released to a person designated by the parent/guardian after verification of Driver License: 1. 2.
2. <input type="checkbox"/> FIELD TRIPS: hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in Field Trips: <input type="checkbox"/> summer field trips	
3. <input type="checkbox"/> WATER ACTIVITIES: hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	-my consent for my child to participate in Water Activities: <input type="checkbox"/> swimming pool <input type="checkbox"/> sprinkler play <input type="checkbox"/> water table play	RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge the facility's operational policies including those for discipline and guidance. Please sign here!
I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: <input type="checkbox"/> None <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch		
MY CHILD WILL BE IN ATTENDANCE ON THE FOLLOWING DAYS AND TIMES: Mondays from: to: Tuesdays from: to: Wednesdays from: to: Thursdays from: to: Fridays from: to:		
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician: Address:		Ph. #:
Name of Emergency Medical Care Facility: Address:		Ph. #:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		_____ Signature – Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which we should be aware of. Be aware that we do not administer any medication to children

For OFFICE USE ONLY: Pending Paid (Paid via Cash Credit Card Check (Check # _____) _____ # of Children
 Parent Info Sheet Misbehavior Consent Medical Form Emergency Care Field Trip Permission Photo Release



RCCG Household of Faith Summer Program Consequences and Misbehavior Consent Form

This contract is to be signed by both the participant (child/children) and the parents/guardians. This ensures that both the child and the adult understand the rules that will be enforced and the disciplinary actions that follow.

Rules:

- *Children will follow the instructions of RCCG HOF Summer Program Staff members at all times.
- *There will be no physical contact between any members of our Summer Program. This includes hitting, kicking, slapping, sitting on laps, carrying on back or shoulders, etc. There will also be no threats of physical contact or bodily harm.
- *There will be no name calling or teasing. Only positive dialogue will be allowed.
- *All participants will be expected to participate in planned activities. There will be no sitting out unless given permission by the parent or guardian.
- *Additional rules may be enforced during the duration of RCCG HOF Summer Program.

Staff members will practice positive reinforcement and remain professional when executing disciplinary actions. A calm, collected, and cool demeanor is expected. Anything less is unacceptable.

- Level One: Verbal Warning
- Level Two: Time Out
- Level Three: Loss of Privileges such as Field Trips
- Level Four: Sent Home

Depending on the gravity of the offense, the parents will be informed of poor behavior via a note sent home and a verbal report of actions that took place. If the problems continue and the child remains defiant day after day, expulsion will be the ultimate and final action.

Refunds will not be issued in the event of expulsion.

By signing this form, you, as the parent or guardian, agree to and understand the disciplinary actions that will be enforced at all times during our Summer Program

CHILD'S NAME: _____

CHILD'S SIGNATURE: _____

PARENT'S SIGNATURE: _____

DATE: _____



5001 New York Avenue, Arlington, TX 76018

...Expanding the Family of Christ

Pastor Ropo Ropo-Tusin - Senior Pastor

Medication Release Form and Emergency Care Information

Name of Child:	Name of Child:
DOB:	DOB:
Allergies or Medical Condition:	Allergies or Medical Condition:
Name of Medications:	Name of Medications:
Date and Times Medication is to be Given:	Date and Times Medication is to be Given:
Method of Medicine Administration(orally, topically, nasally, etc)	Method of Medicine Administration(orally, topically, nasally, etc)
Dosage and Amount to be Given:	Dosage and Amount to be Given:
Possible Side Effects with Other Drugs:	Possible Side Effects with Other Drugs:
Contact Parent if the Following Happens:	Contact Parent if the Following Happens:

In the case of emergency, please let us know the name of your physician and the name of your medical care facility:

Name of Physician:	Ph. #:
Address:	
Name of Emergency Medical Care Facility:	Ph. #:
Address:	

I hereby give my permission for the provider to administer this medication according to the instructions above. I agree that the provider will not be held liable for any illness or injury resulting from the administration of this medication, and will not be held **responsible** for the reimbursement of any medical expenses resulting from such action.

Signature of Parent or Guardian: _____ Date: _____



RCCG Household of Faith Summer Program Field Trip Permission Form

Throughout our summer program we will take the kids on various field trips. Typically field trips will be on Fridays. There is not an extra fee for the field trips. Children will be given a t-shirt for the program and they will be required to wear it every Friday for the field trips. This will ensure that we can keep our group together during the field trips. Parents are welcome to join us, but please let the program director or your child's teacher know in advance, in writing, so we can make accommodations for you. Please complete the following field trip form to give us permission to take your child on various trips.

As parent/legal guardian, I grant permission for the students below to participate in the fieldtrip described below.

Name of Child:

Name of Child:

Name of Child:

Name of Child:

I am aware that when I am on a school-sponsored trip, I am under the jurisdiction and supervision of the summer school-employed sponsors/chaperones and that my behavior must conform to the procedures and *policies of HOF programs*, and reasonable instructions from chaperones. I understand that I will be subject to appropriate disciplinary action for violations of these rules and regulations.

Signature of parent/guardian

Date

RCCG Household of Faith Summer Program Photo Release Form

I grant to HOF its representatives and employees the right to take photographs of my child in connection with the above-identified subject. I authorize HOF, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that HOF may use such photographs of my child with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and understand the above.

Signature of parent/guardian

Date

Acknowledgement of Liability Limitations and Assumption of Risk

Texas law provides that educational entities, and their agents or employees, are not ordinarily liable for property damage, personal injury or accidental death, except in instances of *gross negligence*. Accordingly, parents **assume risks any time students are permitted to travel and/or participate in summer program-related events**. RCCG Household of Faith acknowledges that you are not waiving your child's or your personal rights, as defined under the liability limitations (outlined in the state's tort claims law) by signing this permission authorization. However, the **above-signed parent/guardian acknowledges disclosure that RCCG Household of Faith reserves all rights, immunities, and qualified defenses available to it under the law in connection with the permitted activities subject of this authorization**.

Signature of parent/guardian

Date