

REGISTRATION AND PERMISSION SLIP 2023



Today's date:				
STUDENT INFORMATION				
Student Name:			Student phone number (if applicable):	
School:	Grade (entering for 2023--2024 school year):	Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
HOUSEHOLD INFORMATION				
Home Address:		Phone number:		
City:	State:	ZIP Code:		
Parent/guardian email:				
How did you hear about Summer@Faith?				
<input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> PLAN Learning Center <input type="checkbox"/> FCF Church <input type="checkbox"/> Other				
MEDICAL INFORMATION				
Is your child covered by health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Emergency Contact Name:		Phone number:		
Insurance Company:		Policy Number:		
Physician Name:		Phone Number:		
List any medical concerns (allergies, medications, special needs, etc.):				
PROGRAM OPTIONS				
Please check all the programs that your child will participate in as well as which arts they are interested in:				
	Tuesday Night Bible Camp (1 st through 6 th grade) - \$15 per child, \$10 per sibling			
	Wednesday Night Arts (3rd through 12th grade)- \$25 per child, \$20 per sibling			
	- Dance - 6th grade -12th grade			
	- Visual arts - 3rd grade - 12th grade			
	- Photography - 6th grade - 12th grade			

TRANSPORTATION PLAN	
Students in K st through 8 th grade should be picked up by an adult at 8:30 each night. Please mark all that apply. No van available 19th,20th.	
	My child will be picked up by a parent, guardian, or family friend. <i>(List names for all adults who may pick up the child.)</i>
	I would like the PLAN van to transport my child to and from the summer program. (On a first come, first served basis. The van will operate based on need.)
	I am willing to be contacted about providing transportation (carpooling) for a family that lives close to mine, if the need exists.

ADDITIONAL INFORMATION
Please list any dates you know your child will be absent from the Summer@Faith program:
Please let us know if you will need financial assistance.

PERMISSION/WAIVER
<p>I, _____ am the parent/guardian of _____. I give permission for my child to attend and fully participate in the various summer activities sponsored by Faith Christian Fellowship. FCF are only liable and/or responsible for my child during activities or when providing transportation. If they walk to and from activities, FCF is not responsible for their well-being during that time. I understand that pre-screened and approved adult chaperones will always be present in supervisory and participatory roles, and that these chaperones agree to follow the FCF Youth mutual protection policy to safeguard everyone involved from actual or apparent risk. I agree not to hold any staff or volunteer for FCF and its cooperating agencies and institutions liable for any physical or emotional injury that may occur during any activity where the volunteers are acting in a responsible, careful and prudent manner. I understand that there is some inherent risk involved in any activity and I am still giving my child permission to participate. My child is in good health and I am not aware of any health problems that would prevent them from participating in vigorous physical activity.</p> <p>I understand that my child can be removed (after a warning to child and parent/guardian) from any activity or program for continually breaking rules. If my child is removed, I waive my right to receive back any fees paid for participation. FCF is a Christian organization and will therefore adhere to and promote a Christian worldview.</p> <p>By signing this form, I understand, accept and agree to abide by all its terms.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><i>Parent/Guardian signature</i></div> <div><i>Date</i></div> </div> <p>FCF seeks to inform our supporters, donors and volunteers about the great progress happening during Summer at Faith through social media (Facebook, website and e-newsletters). By initialing below you agree to release photos of your children taken at Summer at Faith events to help us maintain and grow our support network.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div><i>Parent/Guardian signature</i></div> <div><i>Date</i></div> </div>

Ways to submit your Summer@Faith Registration form:

- Mail to *Summer@Faith*, Faith Christian Fellowship, 505 E. 42nd St, Baltimore, MD 21218
- Email to *Cindy Newton* at children@fcfchurch.org
- Drop off at the Connections desk in the church foyer