PARTNERS IN MINISTRY SUMMER CAMP

21ST CENTURY COMMUNITY LEARNING CENTER

STEM

SCIENCE • TECHNOLOGY • ENGINEERING • MATHEMATICS

JUNE 15 – JULY 24, 2026
8:00 AM – 2:00PM

2026 APPLICATION

CLOSED JUNE 29 – JULY 3, 2026

STUDENT NAME_____

SCHOOL_____ **GRADE** _____

MEDICAL INSURANCE _____

Policy Number: _____

Student E-Mail: _____

For Office Use Only Cohort # _____Cohort # _____

910-277-3355 info@pim-nc.org www.pim-nc.org

Post Office Box 1621 Laurinburg, North Carolina 28353 | 12 Third Street East Laurinburg, NC 28352

Student Registration Form

Name: _____School: _____ Grade _____

Gender: ☐ Female ☐ Male DOB: _____ Age:_____ T-Shirt Size:_____

Ethnicity (Check one): ☐ African-American ☐ Native-American ☐ White ☐ Hispanic ☐ Mixed Races ☐ Asian ☐ Other

Home address:_____

City: _____ State/Province: _____ Postal/Zip Code: _____

Guardian's (Father) name:_____ Employer:_____

Guardians email: _____

Home phone:_____Cell phone:_____Work phone: _____

Guardian's (Mother) name:_____Employer:_____

Guardian's email: _____Student Lives with: _____

Home phone:_____Cell phone:_____Work phone:_____

I _____ (initials), give permission for my child to have his /her picture taken for newspaper, brochures, social media, flyers for the Summer Camp program.

DOES STUDENT HAVE AN IEP? (Circle one) YES / NO
IF YES, SPECIFY _____

DOES STUDENT HAVE ANY HEALTH PROBLEMS, ALLERGIES OR SERIOUS ILLNESS? (Circle one) YES / NO
IF YES, PLEASE SPECIFY _____

EMERGENCY CONTACT INFORMATION: List two emergency contacts other than those listed above:

_____

Name Relationship Home Phone Work Phone

_____

Name Relationship Home Phone Work Phone

Insurance _____Policy #
_____

I give the following person(s) permission to pick my child/ren up from Summer Camp Program: (must be 16 YOA or older)

Name _____ Relationship _____ Phone_____

Name _____ Relationship _____Phone_____

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the Partners In Ministry to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

SIGNATURE OF PARENT OR GUARDIAN _____DATE _____

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BUS TRANSPORTATION PERMISSION SLIP

I give permission for my child, _____, to participate in Partners In Ministry Summer Camp and be transported to field trips by transportation provided by Partners In Ministry (PIM) and Scotland County Schools.

We do take many field trips during the summer camp. This form applies to all field trips.

I understand that Partners In Ministry cannot be held liable for any injuries that my child suffers while being transported. I expressly waive any such claim for compensation or liability on the part of Partners In Ministry and Scotland County Schools.

In case of emergency or injury to my student, I hereby authorize Partners In Ministry to act in the best interest of my student. I am signing on behalf of a minor, _____ (Print name of minor), and certify that I am the parent or guardian of the minor and agree to the consents and waivers, according to the paragraphs above, on behalf of this person.

My child attends _____ school.

Grade: _____

Parent/Guardian's (please print) _____

Parent/Guardian's Signature_____

DATE_____

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CONSENT FORM AND WAIVER

I hereby give consent to Partners In Ministry (PIM) to take and use images (photographs or videotape) or sounds recordings of me and/or the minor patient or person named below for whom I am giving consent, and disclose confidential patient information about me and/or the minor patient or person, to or in any public media, including radio, television, internet or print, or in a Partners In Ministry (PIM) publication.

I understand that the intended use of such images and confidential information is for advertising, marketing, fundraising or promotional purposes of Partners In Ministry (PIM). I understand that Partners In Ministry (PIM) cannot be held liable for any injuries or illness that I suffer while performing volunteer work, or utilizing equipment of facilities on Partners In Ministry's (PIM) property. I expressly waive any such claim for compensation of liability on the part of Partners In Ministry; this includes the owner of any said project, program, or activity.

I also grant Partners In Ministry (PIM) and it's assignees, designees, licensees, and agents the **IRREVOCABLE, PERPETUAL, ROYALTY-FREE, NON-EXCLUSIVE, and WORLDWIDE** right to record and use my biological information, picture, portrait, photograph, video footage, voice, words, music (including words/lyrics), audio in all forms and in all media now in existence or developed in the future and in all manners, to include promotional efforts, dissemination to publishers and/or media outlets, and/or other lawful purposes.

I acknowledge that this consent and authorization for release of confidential information is being made solely for the benefit of Partners In Ministry (PIM) and without any expectation of compensation or other benefit to the minor patient or person or the family thereof. To the extent that any benefit accrues or might accrue to Partners In Ministry (PIM) from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Partners In Ministry (PIM) (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

_____

Name of Minor Person (please print) Date of Birth of Minor Person

_____

Name of Consenting Individual, Parent or Guardian Relationship to Minor Patient or Person

_____ _____

Signature of Consenting Individual, Parent or Guardian Date

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INTERNET ACCEPTABLE USE AGREEMENT

Grades 2-8 including Summer Camp

As a part of my schoolwork, PIM gives me the use of computers and storage space on the server for my work. To help myself and others, I agree to the following promises:

1. I will use the computers only to do school work, as explained to me by my teacher and not for any other reasons. I will not use a school computer for personal or illegal purposes.
2. I will use the internet *only* in ways the teacher has approved.
3. I will not give my password to anyone else, and I will not ask for or use anyone else's password.
4. I will not put on the computer my address or telephone number, or any personal information about myself or anyone else.
5. I will not upload, link, or embed an image of myself or others to non-secured, public sites.
6. I will not use games or other electronic resources that have objectionable content or that engage me in an inappropriate simulated activity.
7. I will be polite and considerate when I use the computer. I will not use it to annoy, be mean to, frighten, tease, or poke fun at anyone. I will not use swear words or other rude language.
8. I will not use the computer to bully or threaten anyone, including teachers, schoolmates or other children.
9. I will not try to see, send, or upload anything that says and or shows bad or mean things about anyone's race, religion, or sex.
10. I will not damage the computer or anyone else's work.
11. I will not break copyright rules or take credit for anyone else's work.
12. If I have or see a problem, I will not try to fix it myself but I will tell the teacher. (*If the problem is an inappropriate image I will immediately turn the monitor off and then seek help*.)
13. I will not block or interfere with the school or school system communications.
14. My computer use is not private; my teacher may look at my work to be sure that I am following these rules, and if I am not, there will be consequences which may include not being able to use the computer.

PARENTS: I have read this and discussed with my son or daughter the Acceptable Use Agreement, and I give permission for him or her to use these resources. I understand that computer access is conditional upon adherence to the guidelines above. Although students are supervised when using these resources, and their use is electronically monitored, I am aware of the possibility that my son or daughter may gain access to material that school officials and I may consider inappropriate or not being able to use the computer.

_____

Name of Minor Person (please print) Date

_____

Name of Consenting Individual, Parent or Guardian Relationship to Minor Patient or Person

_____ _____

Signature of Consenting Individual, Parent or Guardian Date

STUDENTS MAY NOT USE THE COMPUTERS UNLESS THIS AGREEMENT IS SIGNED AND RETURNED TO THE AFTERSCHOOL CENTER

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FIELD TRIP FORM & EMERGENCY INFORMATION

My child, _____, has my permission to go on a field trip offered by Partners In Ministry.

I understand that at least one staff member of Partners In Ministry will make the trip and all reasonable precautions will be taken to safeguard my child. However, in the event of an emergency on the field trip or while at the program site, my child is covered under:

Insurance _____Policy # _____

Primary Emergency Contact _____Phone#_____

Secondary Emergency Contact _____Phone# _____

**********Please attach a copy of; *1. Your child's health insurance form; 2. A valid U.S. Identification card*, if possible.**

IDENTIFICATION OF

_____

Print Child Name **Date of Birth**

Eye color _____ Hair Color _____

Ethnicity (check one): ☐ Black ☐Hispanic ☐Indian ☐White ☐ Asian

Height _____ Weight_____

Wears Glasses (check one) ☐ Yes ☐ No

_____

Name of Consenting Individual, Parent or Guardian Relationship to Minor Patient or Person

_____ _____

Signature of Consenting Individual, Parent or Guardian Date

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PARTNERS IN MINISTRY WILL FOLLOW THE SAME CELL PHONE POLICY AS SCOTLAND COUNTY SCHOOLS.

Middle Schools:

▪ **Students are required to keep their cell phones or other wireless communication devices in their assigned locker during the instructional day.** The instructional day is defined as the time from the first bell to begin school and the last bell to dismiss school. Failure to comply may result in disciplinary actions up to confiscation or out-of-school suspension (OSS).

Students at Partners In Ministry will be asked be to surrender their devices to be placed in storage upon entry into the classroom.

Elementary Schools:

▪ **Students are not allowed to possess wireless communication devices at any time.** Failure to comply may result in disciplinary actions up to confiscation or out-of-school suspension (OSS).

Partners In Ministry is not responsible for the theft, loss or damage of a cellular phone or other personal wireless communication device.

SIGNATURE OF PARENT OR GUARDIAN_____ DATE_____

National Mission Institution

2026 SYSTEM SUMMER Program

Partners In Ministry summer program will now include a new innovative approach to helping students with their social and emotional growth. In addition to the current STEM, academic, activities and learning excursions offered at PIM, SYSTEM Academy Plus students will focus on Reading Comprehension and SEL content that will help them grow in the area of ELA and also instill in students the social skills needed to function in a challenging school environment. Some of the topics to be covered include cooperation, empathy and self-control for better social emotional growth. SYSTEM Academy Plus students will have access to all of the programs PIM has to offer.

The (SEL) Social and Emotional Learning environment at PIM will provide a place where students can communicate and work collaboratively with their peers on projects that promote social and emotional development. Parents are welcomed to visit PIM at any time. We need your consent for your child to participate in this program. Please complete the form below and return it with your application.

StudentName_____Grade_____

Feeder School_____ Date _____

Parent/Guardian Signature _____

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Partners In Ministry Laurinburg

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