National Mission Institution

Partners In Ministry
Serving Richmond, Scotland, and Robeson Counties
12 Third Street · PO Box 1621 · Laurinburg NC, 28352
910-277-3355 · 910-277-3358

SYSTEM AFTERSCHOOL
21st Century Community Learning Center
2020/2021 Student Application

Student Name ______________________________________________________

School ___________________________ Grade ________

Medical Insurance___________________________________________

Policy Number _____________________________________________

910-277-3355 info@pim-nc.org www.pim-nc.org
SYSTEM AFTERSCHOOL
21st CENTURY LEARNING CENTER

Student Registration Form

Name: ___________________________ School: ___________________________

Gender: □ Female □ Male DOB: _______ Age: _______ T-Shirt Size: __________

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
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Insurance ___________________________ Policy #: ___________________________

I give the following person(s) permission to pick my child/children up from SYSTEM Program.

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 __________
BUS TRANSPORTATION PERMISSION

I give permission for my child, ____________________________________, to participate in the SYSTEM Afterschool Academic Enrichment Program and be transported to field trips by transportation provided by Partners In Ministry (PIM) and Scotland County Schools. I understand that PIM 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 PIM and Scotland County Schools.

In case of emergency or injury to my student, I hereby authorize PIM 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.

CONSENT FORM AND WAIVER

I hereby give consent to Partners In Ministry (PIM) to take and use images (photographs or videotape) or sound recordings of me the person named below to include in any public media, radio, television, internet or print, or in a PIM publication.

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

I also grant PIM and its 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 PIM and without any expectation of compensation or other benefit to the minor or the family thereof. To the extent that any benefit accrues or might accrue to 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 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 ________________

Scotland County Report Cards, Portal and Virtual Platform

We need a copy of your child’s report card, progress reports, and access to his/her portal for our records. Your signature below gives us permission to make a copy of your child’s report card each time it is distributed. This is an effort to track their progress throughout the school year. Please indicate on the line provided for the student’s portal information. Your cooperation is deeply appreciated.

Student __________________________ Grade ________________

Student ID # __________________________ Portal Information __________________________

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

Signature of Consenting Individual, Parent or Guardian __________________________ Date ________________
As a part of my schoolwork, SYSTEM 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*

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:

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 ____________________________ Height ______________

Weight ____________________________ Wears Glasses (check one) □ Yes □ No

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

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

______________________________  ________________________________
Signature of Consenting Individual, Parent or Guardian                        Date
Partners In Ministry (PIM) Initial Screening Questions for Participants to Engage in Program Activities and Services During COVID-19

PIM believes it is essential to the physical, emotional, and mental well-being of students to return to program activity as soon as deemed safe. However, the health and safety of these students is vital. Therefore, we are requiring that all participants wishing to be involved in PIM’s activities complete this form before being allowed to engage in any organized activity.

Answering these questions truthfully will allow all participants to receive the needed evaluation to safely return to Partners In Ministry, while helping prevent other participants and staff members from being put at a risk for contracting the COVID-19 virus or causing the quarantine of some individuals or possibly an entire group.

Name

For the questions below, please circle yes or no

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since January 1, 2020 have you been told that you have had a positive test for COVID-19, OR have you been told by a Doctor, Physician Assistant, or Nurse Practitioner that you had to quarantine stay home due to concern that you had COVID-19 symptoms?</td>
<td></td>
</tr>
</tbody>
</table>

Today or in the past 2 weeks have you had any of the following symptoms:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A fever (temperature more than 100.4°Fahrenheit or 38°Celsius)?</td>
<td></td>
</tr>
<tr>
<td>Shaking chills?</td>
<td></td>
</tr>
<tr>
<td>A new or worsening cough, shortness of breath or difficulty breathing?</td>
<td></td>
</tr>
<tr>
<td>Racing heart, heart skipping beats, or fluttering of the heart?</td>
<td></td>
</tr>
<tr>
<td>Unusual dizziness, particularly with exercise?</td>
<td></td>
</tr>
<tr>
<td>Fatigue or difficulty with exercise?</td>
<td></td>
</tr>
<tr>
<td>A sore throat different than associated with seasonal allergies?</td>
<td></td>
</tr>
<tr>
<td>New loss of taste or smell?</td>
<td></td>
</tr>
<tr>
<td>Nausea, vomiting, or diarrhea?</td>
<td></td>
</tr>
<tr>
<td>Do you have anyone in your household who has been diagnosed with COVID-19 in the past 14 days?</td>
<td></td>
</tr>
<tr>
<td>Have you been in contact with anyone infected with COVID-19 in the past 14 days?</td>
<td></td>
</tr>
</tbody>
</table>

By signing this document, I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Participant’s Name: ____________________________________________________________

Signature of Parent/legal guardian: ____________________________________________

Date: ________________________________

*************************************************************************************************

I ____________________________________________, parent of _________________________, who is a minor participating in a program at Partners In Ministry in the Town of East Laurinburg, County of Scotland and State of North Carolina, do hereby agree to the following disclaimer.

I understand that Partners In Ministry is dedicated to the safety of my minor child and that the ministry is committed to protecting said child from contracting the COVID-19 Virus, and therefore is practicing all known measures of maintaining a sanitized and safe environment where my child can learn and grow academically and socially.

Further, my child will be taught the three "W's" of safe practices to prevent the spread of COVID-19. They are: Wash your hands, Wear your mask, and Wait in order to maintain a 6 foot safe distance from other persons. These preventive measurements will be enforced at all times that my child is on the campus. I also understand that I cannot enter the buildings on the campus without prior consent.

Fully understanding these measures, by my signature affixed below, I hereby relieve Partners In Ministry from any liability regarding the COVID-19 Virus and understand that if my child does contract such virus Partners In Ministry will not be liable for any costs associated with the virus.

Print Minor Child’s __________________________ Date ________________

Parent/Guardian __________________________ Date ________________