



# SYSTEM AFTERSCHOOL PROGRAM

## 21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTER



### 2024-2025 Student Application

Student Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Medical Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

Student E-Mail \_\_\_\_\_



910-277-3355



info@pim-nc.org



www.pim-nc.org

# 2024-2025 Student Registration Form

Name: \_\_\_\_\_ School: \_\_\_\_\_

Gender:  Female  Male DOB: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Ethnicity (check one):  African-American  Hispanic  Native-American  White  Bi-Racial  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 SYSTEM 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
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Name	Relationship	Home Phone	Work Phone
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Insurance \_\_\_\_\_

Policy # \_\_\_\_\_

I give the following person(s) permission to pick my child/ren up from SYSTEM 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. **PIM FOLLOWS CDC GUIDELINES FOR COVID-19.**

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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**BUS TRANSPORTATION PERMISSION SLIP**

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.

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.

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Name of Minor Person (please print)

Date of Birth of Minor Person

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

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Signature of Consenting Individual, Parent or Guardian

Date



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### INTERNET ACCEPTABLE USE AGREEMENT

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.

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Name of Minor Person (please print)

Date

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

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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

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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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## Scotland County Report Cards & Portal

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



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**RULES FOR CELL PHONE USAGE AT PARTNERS IN MINISTRY**

1. **Students are not allowed to make or answer a cell phone call or text while in class. There is a phone at the receptionist's desk that students can use with the teacher's permission.**
2. If a student needs to call parents, they must ask the teacher for permission to do so. After giving permission by the teacher, the student will be allowed to step in the hallway and quickly make the necessary phone call or text.
3. If a teacher observes a student using a cell phone in class, hallway or other areas of Partners In Ministry's campus, the teacher has permission to ask for the phone and store the phone in his/her possession until student is dismissed for the day.
4. **If a student refuses to give up a cell phone, parents will be called and student may face suspension from the program.**
5. Partners In Ministry staff is not responsible for stolen, lost or damaged phones or other electronic devices, while students are on Partners In Ministry's campus or during their learning excursions (field trips).

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

