

P.A.C.E. OF MIAMI REGISTRATION FORM – FALL SEMESTER

Please fill in **all** information. Your child will not be registered if any information is missing.

Mother's Name: _____ Spouse's Name: _____
Mother's Cell: _____ Spouse's Cell: _____
Mother's Work: _____ Spouse's Work: _____
Mother's occupation, skill, special knowledge: _____ Spouse's occupation, skill, special knowledge: _____

(e.g., doctor, bookkeeper, art, music, sewing, teacher) (e.g., CPA, lawyer, music, handyman, plumber)

Home Address: _____ Home Phone: _____
City _____, ZIP _____

E-Mail: (very important) _____ Curriculum used: _____

Emergency Contact (other than above) 1: _____ Phone: _____ Relationship: _____
Emergency Contact (other than above) 2: _____ Phone: _____ Relationship: _____

- Parents acknowledge that it is their responsibility to notify a child's teacher of any special needs, allergies, or other health concerns of their child(ren). In the event of an emergency, I authorize a representative of P.A.C.E. to seek medical attention for my child/children. I acknowledge responsibility for payment of any such emergency. At no time will I consider my children to be in the care, custody, or control of P.A.C.E.

REQUIRED HOUR QUESTIONNAIRE

Note: You must volunteer 1 hour in a position assigned by the Schedule Coordinator. Your position may be re-assigned according to the needs of the Enrichment program. Babies, toddlers, and children not registered for class may not be in classrooms - they must go to childcare or be in someone else's care during your assignment. Unless there is a special need, parents will not be assigned to a class in which their child is registered. If you need to help your child in a particular class, which can only be done with the teacher's permission, indicate below. Your assignment WILL NOT be in that class.

- Are you participating in a co-op/teaching where your attendance is required? _____ If so, at what times. _____
- Do you have a baby or toddler who will prevent you from doing a particular job because you do not wish to put him/her in childcare? _____ **If so, please be sure you are familiar with P.A.C.E. Policies. We cannot guarantee that your assignment will be in childcare or any other position where you may have your child with you!**
- Is there a time when some of your children who are too old for childcare are not in class? When? _____
- My child has the following special needs: _____ and I must be with him/her in _____ classes. (**Note: You must provide written okay from teacher at time of registration.**)
- Do you have any allergies that would prevent you from doing a specific job? _____ If so, to what are you allergic? _____
- Do you have any medical condition that would prevent you from doing a particular assignment? _____ If so, please indicate that condition and your limitations _____
- Are you willing to help by working an additional assignment? _____ At what hour? _____
- Are you willing to be put on a substitute list for members to call you for help during the hours you are on campus? _____
- My teenage child (aged 13+) would like to serve as a junior volunteer to satisfy community service requirements for high school graduation- Name _____ Age _____ Times Available _____
- Other information you feel we would need. _____

Let's remember that P.A.C.E. is a Co-op and Christian organization.

We need EVERYONE'S help to make it work and we wish to honor God through all that we do.

Let the peace of Christ rule in your hearts, since as members of one body you were called to peace. And be thankful. Let the word of Christ dwell in you richly as you teach and admonish one another with all wisdom, and as you sing psalms, hymns and spiritual songs with gratitude in your hearts to God. And whatever you do, whether in word or deed, do it all in the name of the Lord Jesus, giving thanks to God the Father through him. Col. 3:15-17 NIV

I HAVE READ AND AGREE TO FOLLOW P.A.C.E. POLICIES
REVISED March 2019 AND POSTED AT WWW.PACEMIAM.ORG

Signature _____

Date: _____

P.A.C.E. ENRICHMENT

Please indicate the name of the class for which your child is registering. Attach a separate sheet if you need additional space. If the class you choose is full you may request that your child be put on a waiting list. (See P.A.C.E. Policy for age requirement)

STUDENT NAME: _____
 GRADE: _____ AGE: _____ DOB: ____ / ____ / ____
 9:00 _____
 10:00 _____
 11:00 _____
 12:45 _____
 1:45 _____
 2:45 _____

STUDENT NAME: _____
 GRADE: _____ AGE: _____ DOB: ____ / ____ / ____
 9:00 _____
 10:00 _____
 11:00 _____
 12:45 _____
 1:45 _____
 2:45 _____

STUDENT NAME: _____
 GRADE: _____ AGE: _____ DOB: ____ / ____ / ____
 9:00 _____
 10:00 _____
 11:00 _____
 12:45 _____
 1:45 _____
 2:45 _____

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 GRADE: _____ AGE: _____ DOB: ____ / ____ / ____
 9:00 _____
 10:00 _____
 11:00 _____
 12:45 _____
 1:45 _____
 2:45 _____

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**NAMES AND AGES OF ANY CHILDREN
 WHO WILL BE USING THE CHILDCARE**

NAME	AGE
_____	_____
_____	_____
_____	_____

* * * * *

**WE RECOMMEND THAT YOU JOIN FPEA IF YOU
 ARE NOT ALREADY A MEMBER THROUGH
 ANOTHER SUPPORT GROUP**

REGISTRATION FEES:
 New Families \$50

FEES ARE NON-REFUNDABLE
**ALL CLASS AND SUPPLY FEES ARE DUE ON
 REGISTRATION- PAYMENT BY PAYPAL ONLY -
 *EACH TEACHER IS TO BE PAID SEPARATELY**

E-mail: info@pacemiami.org
 Web site: www.pacemiami.org

PACE of Miami is a non-profit, volunteer-based corporation that provides a forum for conducting enrichment classes from a Christian worldview for all families that home educate their children, regardless of their race, color, national or ethnic origin, religion, or educational handicap.