

P.A.C.E. OF MIAMI SPRING SEMESTER REGISTRATION FORM

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: _____

REQUIRED ASSISTANT HOUR QUESTIONNAIRE

Note: You must assist 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 required 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 required assignment WILL NOT be in that class.

- 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? _____. We cannot guarantee that your required position 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.
- 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 job? _____ If so, please indicate that condition and your limitations _____
- Are you interested in working a scholarship position during lunch hour from 11:45 – 12:45 _____ or cleaning at 2:45 _____? (This would be in addition to your required volunteer hour and you would receive 1 free class per month. If you are absent, you must obtain a substitute for your scholarship hour as well as your required hour).
- Are you willing to help by working an additional volunteer position? _____ At what hour? _____
- Can we call you to substitute for an absent volunteer 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. _____

- 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.

I HAVE READ AND AGREE TO ABIDE BY THE P.A.C.E. POLICIES AS REVISED AND POSTED IN THE P.A.C.E. WEBSITE AT WWW.PACEMIAMI.ORG

Signature

Date

Existing Families doing Early Bird Registration:

Early Bird & Open Registration: **ON THE LEFT**, please indicate your child’s **current COMPLETE schedule** and **ON THE RIGHT**, list **ONLY** the classes you are pre-continuing in pen and classes that you would like to add in pencil.

New Families:

Enter your child’s name, grade, age, and DOB, and **ON THE RIGHT**, under “Spring Schedule,” please indicate, in pencil, the classes for which you wish to register.

STUDENT NAME: _____
CURRENT SCHEDULE:
9:00 _____
10:00 _____
11:00 _____
12:45 _____
1:45 _____
2:45 _____

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

.....
STUDENT NAME: _____
CURRENT SCHEDULE:
9:00 _____
10:00 _____
11:00 _____
12:45 _____
1:45 _____
2:45 _____

.....
GRADE: _____ **AGE:** _____ **DOB:** ____ / ____ / ____
SPRING SCHEDULE:
9:00 _____
10:00 _____
11:00 _____
12:45 _____
1:45 _____
2:45 _____

.....
STUDENT NAME: _____
CURRENT SCHEDULE:
9:00 _____
10:00 _____
11:00 _____
12:45 _____
1:45 _____
2:45 _____

.....
GRADE: _____ **AGE:** _____ **DOB:** ____ / ____ / ____
SPRING SCHEDULE:
9:00 _____
10:00 _____
11:00 _____
12:45 _____
1:45 _____
2:45 _____

.....
STUDENT NAME: _____
CURRENT SCHEDULE:
9:00 _____
10:00 _____
11:00 _____
12:45 _____
1:45 _____
2:45 _____

.....
GRADE: _____ **AGE:** _____ **DOB:** ____ / ____ / ____
SPRING SCHEDULE:
9:00 _____
10:00 _____
11:00 _____
12:45 _____
1:45 _____
2:45 _____

REGISTRATION FEES:

Early Bird Spring Registration: This day only-Existing families \$40 for Spring Registration

*Existing families registered in Enrichment classes may retain or drop classes on this day & Existing Support Group Families that plan on switching to Enrichment \$40 for Spring Registration

Open Spring Registration: \$50 for all Enrichment families & \$50 for all Support families

*****SPRING REGISTRATION CLOSSES ON THE LAST DAY OF THE FALL SEMESTER AND RESUMES ON THE FIRST DAY OF SPRING SEMESTER*****

FEES ARE NON-REFUNDABLE
ALL CLASS AND SUPPLY FEES ARE DUE ON
UPON REGISTRATION.