

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, _____ State, _____ 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, or the PACE Board approves, 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 and Board's permission, indicate below. Your 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? _____ **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!**
- My child has the following special needs: _____ and I must be with him/her in _____ classes.
- Do you have any allergies or medical condition that would prevent you from doing a specific job? _____ If so, to what are you allergic too? _____
Also, please indicate condition that may cause you limitations _____
- Are you willing to help by working an additional assignment? _____ At what hour(s)? _____
- 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
THAT HAVE REVISED AND POSTED AT WWW.PACEMIAM.ORG**

Signature _____

Date: _____

P.A.C.E. ENRICHMENT

10775 SW 104th St, Miami, FL 33176 (Riverside Baptist Church) – this is not a mailing address

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 _____

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 _____

* * * *

* * * *

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

* * * *

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

REGISTRATION FEES:
New Families \$65

FEES ARE NON-REFUNDABLE

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

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.

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