



# THE PEACE LEARNING CENTER

## SAN JOSE – MILPITAS

355 Dixon Rd., Milpitas, Ca. 95035 ▪ Email: [info@pumcsj.org](mailto:info@pumcsj.org) ▪ Tel 408.770.9904

[www.pumcsj.org](http://www.pumcsj.org)

## REGISTRATION FORM FOR AFTER-SCHOOL PROGRAM (K-6 GRADE)

**DATE:** *Fall Semester (Sept. 15 – Dec. 15, 2020)*  
**TIME:** *2:00pm – 5:00pm (Monday – Thursday)*  
**PLACE:** *355 Dixon Rd., Milpitas, CA. 95035*  
**FEE:** *\$100.00 or Scholarship Available*

- *Please contact to Program Director: Rev. Thomas Ha at (408) 821-1320*
- *Registration office: Rev. Charles Tran – (408) 324-6310*

STUDENT NAME: \_\_\_\_\_ GENDER \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_

NAME OF PARENT(S) OR LEGAL GUARDIAN \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

HOME SCHOOL \_\_\_\_\_

I AM WILLING TO BE A PARENT HELPER: YES \_\_\_\_\_ DAYS \_\_\_\_\_

CHILD'S ALLERGIES OR OTHER MEDICAL CONDITIONS \_\_\_\_\_

ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_

HEALTH INSURANCE CO. \_\_\_\_\_ POLICY # OR GROUP # \_\_\_\_\_



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**Authorization of Consent to Participation of Minor:**

(I) (we), the undersigned, parent(s) of \_\_\_\_\_, (child's name) a minor, do hereby authorize my child to participate in events held by Peace United Methodist Church (PUMC), unless otherwise communicated by myself to PUMC and its ministry leaders. It is understood that this is in effect for the length of time my child is enrolled in the After-School program (Fall 2020 session) (ASP Fall 2020).

**Authorization of Consent to Treatment of Minor:**

(I) (we), the undersigned, parent(s) of \_\_\_\_\_, (child's name) a minor, do hereby authorize PUMC, its ministry leaders as agent (s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this is in effect for the length of time my child is enrolled in the ASP Fall 2020.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant Section 25:8 of the Civil Code of California. This authorization shall remain effective through the above-named minor's attendance of the ASP Fall 2020, unless sooner revoked in writing delivered to said agent(s).

**Authorization of Consent to Photographic Use of Minor:** \_\_\_\_\_ (parent's name) hereby grant, voluntarily and with full understanding, to ASP Fall 2020, a ministry of PUMC, a license to the following:

1. Use and storage of my child's name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to any activity of PUMC during the time my child is enrolled in the ASP Fall 2020
2. Use of any stored data including my child's name and image in printed publications of PUMC.
3. Use of any stored data including my child's name and image in electronic publications of PUMC.
4. Use of any stored data including my child's name and image in any Web site created by or for PUMC for its sole benefit.

**Release of Peace United Methodist Church:** \_\_\_\_\_ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the PUMC and it's affiliate corporations, its agents, servants, employees, officers and /or directors from any other sums or liability, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_ (child's name)'s use of real or personal property belonging to the PUMC and its affiliate corporations, its agents, servants, employees, officers, and directors, or action or omission by \_\_\_\_\_ (child's name). It is understood that this is in effect for the length of time my child is enrolled in the ASP Fall 2020.

The parent is responsible for contacting PUMC if he/she does not agree with or have changed his/her mind regarding the terms provided on the ASP Fall 2020 waiver and release agreement.

Father or Legal Guardian

Mother or Legal Guardian

X \_\_\_\_\_  
(Signature)

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)