

KIDS ALIVE! PERMISSION FORM

Please circle your child's school district:

Iroquois

Harborcreek

Dear Parents,

Release Time for Christian Education classes will be held this year at your child's school. The purpose of Release Time classes is to teach children about Jesus Christ and God's relationship with people. The lessons are based on the Word of God, the Bible, and emphasize the basic truths of Christianity. These classes are conducted in accordance with Act 175 granted in Pennsylvania in 1982. This law allows children to be released from school for religious education up to 36 hrs a school year. There is no charge for these classes. However, students must have signed parental permission to attend.

Classes will be held at C3 Church at 1061 Bartlett Road. "Kids Alive!" is an interdenominational faith ministry supported by local churches and individuals. The School District is not responsible for this program. In fact these classes are conducted off school property at the church and therefore requiring bussing.

Release time classes will include grades 1 thru 6. Classes will usually be held the last Tuesday of the month. Students will be bussed to and from this program and will miss approximately 2 hrs of school. The teachers are aware of this program. You will be responsible to help your child make up any work missed in class. This class is a privilege and an opportunity for your child to learn principles in the Bible that will help him or her know how to live well at home and in school. Whether your child attends or not is entirely up to you, not the school or the classroom teacher.

The release time classes will be taught by volunteers from local churches, who have been screened and cleared under the direction of Pastor Renee Majchrzak, Children's Pastor at C3 Church.

If you have any questions concerning Release Time, or wish to help with the program, please contact Pastor Renee Majchrzak at 566-0932 / rmajchrzak@c3erie.church or visit our website at www.c3erie.church.

**IF YOU WANT YOUR CHILD TO ATTEND, PLEASE FILL OUT THIS FORM
AND RETURN IT TO YOUR CHILD'S HOMEROOM TEACHER.**

Child's Name: _____ D.O.B. _____

Child's Primary Address: _____ City _____ Zip _____

Parent's Name: _____ Home Phone # _____

Parent's Address: (if different) _____ City _____ Zip _____

Parent Email: _____ Parent Emergency Contact: Work _____ Cell _____

Child's School & Home Room Teacher: _____ Grade: _____

****PLEASE NOTE:**

- ONLY ONE REGISTRATION IS NEEDED PER SCHOOL YEAR TO PARTICIPATE.
- ONCE YOUR CHILD IS REGISTERED HE/SHE IS EXPECTED TO ATTEND THE PROGRAM EACH MONTH, IF THAT IS NOT THEIR DESIRE, A PARENT NOTE MUST BE BROUGHT INTO SCHOOL.
- A COMPLETED REGISTRATION FORM MUST BE RECEIVED AT SCHOOL AT LEAST 1 WEEK BEFORE THE KIDS ALIVE EVENT IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THAT MONTH'S EVENT!

Dear Building Principal,

Under section 1526 of the Pa School Code, as amended by Act 175 of 1982, I request that my child _____ be excused from attendance at school to attend the religious instruction program, Kids Alive!, to be held at C3 Church. I understand that my child will be bussed from school and back. I understand that the school district will not be responsible for my child during the time he/she has been released from school. I also understand that this will be held once a month.

Signature of Parent/ Guardian: _____ Date: _____

*** IMPORTANT MEDICAL INFORMATION ON REVERSE SIDE - PLEASE TURN OVER ***

KIDS ALIVE! EMERGENCY INFORMATION

Please complete the following:

1. Child's Name _____
2. Name of family physician _____ Phone No. _____
3. Name of family dentist _____ Phone No. _____
4. Preferred hospital for emergency treatment _____
5. Is your child covered by medical insurance? _____
6. Child's medical problems _____
7. Medication(s) your child is receiving _____
8. Please list *any* allergies your child may have _____
9. Please list any serious accidents or hospitalizations your child has experienced:

This health history is correct to the best of my knowledge, and the person named on the reverse of this form has my permission to engage in all "Kids Alive!" activities. I hereby give my permission to "Kids Alive!" staff and volunteers to secure emergency medical treatment for the person above named in case of a medical emergency. I voluntarily consent to said minor's participation in all activities at the "Kids Alive!" Program and I hereby assume all risks of loss and injury that may be incurred, directly or indirectly as a result to said minor's participation.

By signing below, the participant (parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, participant (or parent/guardian) promises to hold harmless "Kids Alive!" or C3 Church and their representatives for any injury related to the activity.

By signing below I also hereby give consent and permission to the nonexclusive, non-commercial reproduction, publication or use by "Kids Alive!" or C3 Church, or anyone authorized by them, of any pictures, photographs (still, video or motion, individual or group) taken of the applicant at "Kids Alive!", without compensation to the undersigned. Said pictures may be used without limitation.

SIGNATURE OF PARENT OR GUARDIAN _____ **Date** _____

Parent Email Address: _____