

House of Faith Summer Programs

Detailed information about each program below will be mailed.

**4yrs—Entering
3rd Grade**

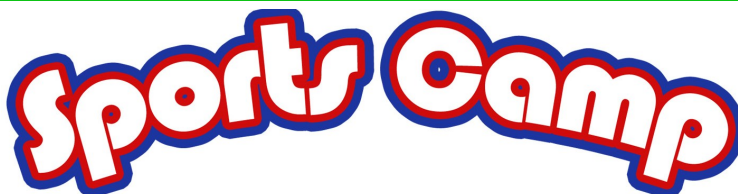


Kids' Connection: Tues, June 18 thru Thurs, June 20

Approximate Program Time: 12:30PM—3:15PM

Transportation Provided (from Pick-Up Locations found in confirmation letter to be mailed)

**ENTERING
4th-6th Grade**



Sports Camp: Mon, June 3 thru Wed, June 5

Approximate Program Time: 1:00PM—5:00PM

Transportation Provided (from Pick-Up Locations found in confirmation letter to be mailed)

**ENTERING
4th-6th Grade**



4th-6th Grade Camp: Mon, July 1 thru Thurs, July 4

Transportation Provided (from Pick-Up Locations found in confirmation letter to be mailed)

**ENTERING
7th-12th Grade**



7th-12th Grade Camp: Mon, July 15 thru Fri, July 19

To attend 7th-12th grade overnight camp, you must have attended House of Faith programs during the 2018-2019 school year.

Transportation Provided (from Pick-Up Locations found in confirmation letter to be mailed)

Family Block Parties

Monday, June 17, 8:45-10:45pm

Location: Municipal Pool; first come first served
and

Tuesday, July 9, 6:30-8:30pm

Location: TBA

NO registration required for these family events.
Children MAY NOT attend without an adult guardian.



321 Montecito Dr.
San Angelo, TX 76903

Ph. 325.486.8637
Fax. 325.486.0788

hofministries.org

Return Permission
form by
Friday, May 31st

**DON'T FORGET
YOUR**

Signature



**How to Return
Your Form:**

1. Bring attached form to House of Faith office.
2. Mail attached form to House of Faith office at 321 Montecito Dr. San Angelo, TX 76903
3. Fax the attached form to House of Faith office at 325.486.0788



2019 Summer Permission Form

All House of Faith Summer Programs are FREE. Please return permission forms by May 31st.



Child #1

Child's Name: _____ Gender: F M

Child's Age: _____ Child's Ethnicity: _____

Child's Birthday: ___/___/___ Grade Entering Fall 2019: _____

School: _____ Attends House of Faith Programs: Y N

Family Doctor: _____

Is Child on Medication? Y N (If Yes, please list) _____

Any known allergies? Y N (If Yes, please list) _____

Child's T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL

I would like to attend: (check all that apply below)

- Kids Connection (4yrs-entering 3rd Grade): June 18-20
- Sports Camp (entering 4th-6th): June 3-5 **Circle only 1 Sport Below:**

Football	Volleyball	Basketball	Soccer	Tennis
Boys	Girls	Boys and Girls	Boys and Girls	Boys and Girls

Overnight Camp (entering 4th-6th): July 1-4

Overnight Camp (entering 7th-12th): July 15-19

Detailed information about each program will be mailed.

Child #2

Child's Name: _____ Gender: F M

Child's Age: _____ Child's Ethnicity: _____

Child's Birthday: ___/___/___ Grade Entering Fall 2019: _____

School: _____ Attends House of Faith Programs: Y N

Family Doctor: _____

Is Child on Medication? Y N (If Yes, please list) _____

Any known allergies? Y N (If Yes, please list) _____

Child's T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL

I would like to attend: (check all that apply below)

- Kids Connection (4yrs-entering 3rd Grade): June 18-20
- Sports Camp (entering 4th-6th): June 3-5 **Circle only 1 Sport Below:**

Football	Volleyball	Basketball	Soccer	Tennis
Boys	Girls	Boys and Girls	Boys and Girls	Boys and Girls

Overnight Camp (entering 4th-6th): July 1-4

Overnight Camp (entering 7th-12th): July 15-19

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Sign Here

Parent/ Guardian Signature: _____ **Date:** _____

I understand that my child is registering to attend the marked House of Faith summer programs. I have read the information on the **back of the form** regarding House of Faith Policies and Disclaimers for Acceptance, Insurance, Transportation, Medical Care, Photos and Video Footage, and Dismissals. I am in agreement with, and agree to abide by these policies. I hereby give my permission for my child to attend House of Faith Summer programs and agree to indemnify and hold harmless the House of Faith and any House of Faith representative from any claim by any person whomsoever on account of care and treatment of said participant.

Parent Information

Parent/ Guardian 1 (Primary Contact) Forms must have at least one Parent/ Guardian Listed

Name (Print): _____

Title: Mr. Mrs. Ms. Miss. Dr. Rev.

Marital Status: Single Married Divorced Separated
 Widowed Other

DOB ___/___/___ Gender: F M Ethnicity: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Home Work Other

Secondary Phone: _____ Cell Home Work Other

Does your family regularly attend a church? Y N

If so, what church _____

Please list relation to each child below:

Child 1: _____ Child 4: _____

Child 2: _____ Child 5: _____

Child 3: _____

Parent/ Guardian 2 (Secondary Contact) Forms must have at least one Parent/ Guardian Listed

Name (Print): _____

Title: Mr. Mrs. Ms. Miss. Dr. Rev.

Marital Status: Single Married Divorced Separated
 Widowed Other

DOB ___/___/___ Gender: F M Ethnicity: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Cell Home Work Other

Secondary Phone: _____ Cell Home Work Other

Does your family regularly attend a church? Y N

If so, what church _____

Please list relation to each child below:

Child 1: _____ Child 4: _____

Child 2: _____ Child 5: _____

Child 3: _____

Register more children on reverse side

+ Review the Policies and Disclaimers

Child #3

Child's Name: _____ Gender: F M
 Child's Age: _____ Child's Ethnicity: _____
 Child's Birthday: ____/____/____ Grade Entering Fall 2019: _____
 School: _____ Attends House of Faith Programs: Y N
 Family Doctor: _____
 Is Child on Medication? Y N (If Yes, please list) _____

Any known allergies? Y N (If Yes, please list) _____

Child's T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL

I would like to attend: (check all that apply below)

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 Sports Camp (entering 4th-6th): June 3-5 **Circle only 1 Sport Below:**

Football	Volleyball	Basketball	Soccer	Tennis
Boys	Girls	Boys and Girls	Boys and Girls	Boys and Girls

- Overnight Camp (entering 4th-6th): July 1-4
 Overnight Camp (entering 7th-12th): July 15-19

Detailed information about each program will be mailed.

Child #4

Child's Name: _____ Gender: F M
 Child's Age: _____ Child's Ethnicity: _____
 Child's Birthday: ____/____/____ Grade Entering Fall 2019: _____
 School: _____ Attends House of Faith Programs: Y N
 Family Doctor: _____
 Is Child on Medication? Y N (If Yes, please list) _____

Any known allergies? Y N (If Yes, please list) _____

Child's T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL

I would like to attend: (check all that apply below)

- Kids Connection (4yrs-entering 3rd Grade): June 18-20
 Sports Camp (entering 4th-6th): June 3-5 **Circle only 1 Sport Below:**

Football	Volleyball	Basketball	Soccer	Tennis
Boys	Girls	Boys and Girls	Boys and Girls	Boys and Girls

- Overnight Camp (entering 4th-6th): July 1-4
 Overnight Camp (entering 7th-12th): July 15-19

Detailed information about each program will be mailed.

Child #5

Child's Name: _____ Gender: F M
 Child's Age: _____ Child's Ethnicity: _____
 Child's Birthday: ____/____/____ Grade Entering Fall 2019: _____
 School: _____ Attends House of Faith Programs: Y N
 Family Doctor: _____
 Is Child on Medication? Y N (If Yes, please list) _____

Any known allergies? Y N (If Yes, please list) _____

Child's T-Shirt Size: YS YM YL AS AM AL AXL A2XL A3XL

I would like to attend: (check all that apply below)

- Kids Connection (4yrs-entering 3rd Grade): June 18-20
 Sports Camp (entering 4th-6th): June 3-5 **Circle only 1 Sport Below:**

Football	Volleyball	Basketball	Soccer	Tennis
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- Overnight Camp (entering 4th-6th): July 1-4
 Overnight Camp (entering 7th-12th): July 15-19

Detailed information about each program will be mailed.

Policies & Disclaimers

Acceptance: Rules for acceptance and participation in the program are the same for everyone without regard to race, color, age, sex, national origin, disability, political belief or origin.

Insurance: In the case of sickness, injury or an emergency, House of Faith requests insurance information be on file. Should a child require special medical treatment, prescription medicine or hospital care during a House of Faith event, the medical claim will be filed on the child's insurance and expenses will be forwarded to the parents or guardians.

Transportation: House of Faith has permission to transport my child to and from House of Faith events both inside and outside San Angelo.

Medical Care: In the event of sickness, injury and/or emergency I hereby give my permission to the physician selected by the House of Faith sponsor to hospitalize and secure proper treatment (including surgery and anesthesia) for my child, and I do hereby agree to indemnify and save harmless the House of Faith and any House of Faith representative from any claim by any person whatsoever, on account of care and treatment of said participant.

Personal Belongings: House of Faith is not responsible for lost or stolen items. Please leave all valuables at home. Items brought to House of Faith programs are done so at your own risk.

Photos and Video Footage: I understand that House of Faith takes photographs and video of children involved in the ministry. I give permission for photographs and video to be used as House of Faith sees fit.

Expectations for Behavior: Every House of Faith participant is expected to:

1. Demonstrate courtesy and respect for others, even when others do not.
2. Behave in a responsible manner, always exercising self-discipline.
3. Obey all House of Faith rules.
4. Respect the rights and privileges of other children and of House of Faith staff and volunteers.
5. Respect the property of others including the facilities used by House of Faith.

Dismissals: House of Faith reserves the right to dismiss any child whose influence or conduct becomes detrimental to the best interests of the program.

Physical Restraint: House of Faith reserves the right to physically restrain a child if it becomes necessary in order to lead, guide, and direct the child or to protect the child or any other person from physical injury. Examples of such situations include, but are not limited to: obtaining possession of a weapon or other dangerous object, protecting property from serious damage, removing a child who is refusing to comply with a legitimate directive from a House of Faith representative in order to restore order or to impose disciplinary measures, or restraining an irrational child.

Please Return Registration Form By:

Friday, May 31st



House of Faith
 321 Montecito Dr
 San Angelo, TX 76903