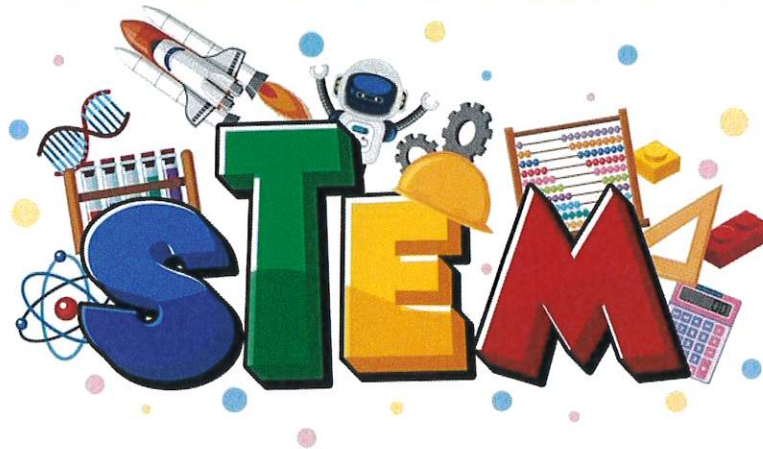




PARTNERS IN MINISTRY AFTERSCHOOL 21 CENTURY COMMUNITY LEARNING CENTER



2026 - 2027 Student Fall Application

Student Name: _____

Grade: _____ School: _____

Medical Insurance _____

Insurance Policy Number: _____

Student E-Mail: _____

For Office Use Only Cohort # _____ Cohort # _____



910-277-3355



info@pim-nc.org



www.pim-nc.org

Post Office Box 1621 Laurinburg, North Carolina 28353 | 12 Third Street East Laurinburg, NC 28352

**PARTNERS IN MINISTRY AFTERSCHOOL PROGRAM
2026-2027 FALL Student Registration Form**

Name: _____ School: _____ Grade _____

Gender: ☐ Female ☐ Male DOB: _____ Age: _____ T-Shirt Size: _____

Ethnicity (Check one): ☐ African-American ☐ Native-American ☐ White ☐ Hispanic ☐ Mixed Races
☐ Asian ☐ Other

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Guardian's (Father) name: _____ Employer: _____

Guardians email: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Guardian's (Mother) name: _____ Employer: _____

Guardian's email: _____ Student Lives with: _____

Home phone: _____ Cell phone: _____ Work phone: _____

I _____ (initials), give permission for my child to have his/her picture taken for newspaper, brochures, social media, and flyers for the PARTNERS IN MINISTRY program.

DOES STUDENT HAVE AN IEP? (Circle one) YES / NO

IF YES, WHAT IS THE MODIFICATION? _____

DOES STUDENT HAVE ANY HEALTH PROBLEMS, ALLERGIES OR SERIOUS ILLNESS? (Circle one) YES / NO

IF YES, SPECIFY _____

EMERGENCY CONTACT INFORMATION: List two emergency contacts other than those listed above:

Name	Relationship	Home Phone	Work Phone
------	--------------	------------	------------

Name	Relationship	Home Phone	Work Phone
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Name of Health Insurance _____ **Policy #** _____

I give the following person(s) permission to pick my child/ren up from Partners In Ministry Program: (must be 16 YOA or older)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

EMERGENCY MEDICAL RELEASE

If emergency medical care is necessary and I cannot be reached, I authorize the Partners In Ministry to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____



**PARTNERS IN MINISTRY AFTERSCHOOL
2026-2027 FALL PROGRAM
21st CENTURY LEARNING CENTER**

BUS TRANSPORTATION PERMISSION SLIP

I give permission for my child, _____, to participate in the **SYSTEM Afterschool Academic Enrichment Program** and to be transported from **Scotland County Schools** to Partners In Ministry using transportation provided by **Partners In Ministry (PIM)** and **Scotland County Schools**.

I understand that students may take multiple field trips during the academic year and summer camp, and that this permission slip applies to **all** field trips for the duration of the program.

I acknowledge that Partners In Ministry cannot be held liable for any injuries my child may sustain while being transported. I expressly waive any claim for compensation or liability against Partners In Ministry and Scotland County Schools.

In the event of an emergency or injury involving my child, I authorize Partners In Ministry to act in the best interest of my child.

I am signing on behalf of a minor, _____ (Print name of minor), and certify that I am the parent or legal guardian of the minor named above. I agree to the consents and waivers described in the paragraphs above.

My child attends _____ School.
Grade: _____

Parent/Guardian's Name (please print): _____
Parent/Guardian's Signature: _____ Date: _____



**PARTNERS IN MINISTRY AFTERSCHOOL
2026-2027 FALL PROGRAM
21st CENTURY LEARNING CENTER**



CONSENT FORM AND WAIVER

I hereby give consent to Partners In Ministry (PIM) to take and use images (photographs or video recordings) and/or sound recordings of me and/or the minor named below. I also authorize PIM to disclose confidential information about me and/or the minor to any public media—including radio, television, internet, print publications, or any official Partners In Ministry publication.

I understand that these images, recordings, and confidential information may be used for advertising, marketing, fundraising, or other promotional purposes that support Partners In Ministry (PIM).

I further understand that Partners In Ministry (PIM) cannot be held liable for any injuries or illness I may suffer while performing volunteer work or while using equipment or facilities located on PIM property. I expressly waive any claim for compensation or liability against Partners In Ministry, including the owner of any project, program, or activity.

I also grant Partners In Ministry (PIM) and its assignees, designees, licensees, and agents the irrevocable, perpetual, royalty-free, non-exclusive, worldwide right to record and use my biological information, picture, portrait, photograph, video footage, voice, words, music (including lyrics), and audio in all forms and in all media now existing or developed in the future. This includes promotional efforts, distribution to publishers or media outlets, and any other lawful purpose.

I acknowledge that this consent and authorization for release of confidential information is made solely for the benefit of Partners In Ministry (PIM), without any expectation of compensation or benefit to myself, the minor, or our family. To the extent any benefit may accrue to PIM from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge Partners In Ministry (PIM)—including all corporate affiliates, officers, directors, trustees, employees, medical staff members, and agents—from any and all claims, liability, actions, suits, demands, costs, expenses, or indebtedness arising out of or connected with the use of images or disclosure of the information described above. I waive all rights and interest in such information and materials.

Name of Minor (please print): _____ Date of Birth of Minor: _____

Name of Consenting Parent/Guardian: _____ Relationship to Minor: _____

Signature of Consenting Parent, or Guardian: _____ Date: _____



2026-2027 PARTNERS IN MINISTRY AFTERSCHOOL FALL PROGRAM
21st CENTURY LEARNING CENTER
INTERNET ACCEPTABLE USE AGREEMENT
Grades 2-8 including Summer Camp



As a part of my schoolwork, PARTNERS IN MINISTRY gives me the use of computers and storage space on the server for my work. To help myself and others, I agree to the following promises:

1. I will use the computers only to do school work, as explained to me by my teacher and not for any other reasons. I will not use a school computer for personal or illegal purposes.
2. I will use the internet *only* in ways the teacher has approved.
3. I will not give my password to anyone else, and I will not ask for or use anyone else's password.
4. I will not put on the computer my address or telephone number, or any personal information about myself or anyone else.
5. I will not upload, link, or embed an image of myself or others to non-secured, public sites.
6. I will not use games or other electronic resources that have objectionable content or that engage me in an inappropriate simulated activity.
7. I will be polite and considerate when I use the computer. I will not use it to annoy, be mean to, frighten, tease, or poke fun at anyone. I will not use swear words or other rude language.
8. I will not use the computer to bully or threaten anyone, including teachers, schoolmates or other children.
9. I will not try to see, send, or upload anything that says and or shows bad or mean things about anyone's race, religion, or sex.
10. I will not damage the computer or anyone else's work.
11. I will not break copyright rules or take credit for anyone else's work.
12. If I have or see a problem, I will not try to fix it myself but I will tell the teacher. *(If the problem is an inappropriate image I will immediately turn the monitor off and then seek help.)*
13. I will not block or interfere with the school or school system communications.
14. My computer use is not private; my teacher may look at my work to be sure that I am following these rules, and if I am not, there will be consequences which may include not being able to use the computer.

PARENTS: I have read this and discussed with my son or daughter the Acceptable Use Agreement, and I give permission for him or her to use these resources. I understand that computer access is conditional upon adherence to the guidelines above. Although students are supervised when using these resources, and their use is electronically monitored, I am aware of the possibility that my son or daughter may gain access to material that school officials and I may consider inappropriate or not being able to use the computer.

Name of Minor Person (please print)

Date

Name of Consenting Individual, Parent or Guardian

Relationship to Minor Patient or Person

Signature of Consenting Individual, Parent or Guardian

Date

STUDENTS MAY NOT USE THE COMPUTERS UNLESS THIS AGREEMENT IS SIGNED AND RETURNED TO THE AFTERSCHOOL CENTER



PARTNERS IN MINISTRY AFTERSCHOOL
2026-2027 FALL PROGRAM
21st CENTURY LEARNING CENTER



FIELD TRIP FORM & EMERGENCY INFORMATION

My child, _____, has my permission to go on a field trip offered by Partners In Ministry.

I understand that at least one staff member of Partners In Ministry will make the trip and all reasonable precautions will be taken to safeguard my child. However, in the event of an emergency on the field trip or while at the program site, my child is covered under:

Insurance _____ Policy # _____

Primary Emergency Contact _____ Phone# _____

Secondary Emergency Contact _____ Phone# _____

Please attach a copy of; 1. Your child's health insurance form; 2. A valid U.S. Identification card, if possible.

.....

.....

IDENTIFICATION OF _____

Print Child Name _____ Date of Birth _____
Eye color _____ Hair Color _____

Ethnicity (check one): ☐ Black ☐ Hispanic ☐ Indian ☐ White ☐ Asian

Height _____ Weight _____

Wears Glasses (check one) ☐ Yes ☐ No

Name of Consenting Individual, Parent or Guardian Relationship to Minor Patient or Person

Signature of Consenting Individual, Parent or Guardian Date

PARTNERS IN MINISTRY ELECTRONICS & VALUABLES POLICY

For the safety and academic success of all students, personal valuables and electronic devices—including cell phones, smartwatches, tablets, gaming devices, earbuds, or any other valuable items—should not be brought to the Partners In Ministry Afterschool Program. Partners In Ministry is not responsible for any lost or stolen items. Thank you for your cooperation in helping us maintain a positive, focused, and distraction-free environment.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____



PARTNERS IN MINISTRY
2026-2027 FALL AFTERSCHOOL PROGRAM
21st CENTURY LEARNING CENTER

Scotland County Report Cards & Portal

For our records, Partners In Ministry requires a copy of your child's report card, progress reports, and access to his/her student portal. Your signature below grants us permission to request this information from Scotland County public or private schools and to make a copy of your child's report card each time it is issued. This helps us track your child's academic progress throughout the school year.

Please provide your child's portal information on the line indicated. Your cooperation is greatly appreciated.

Student _____ Grade _____

Student ID # _____

Portal Information _____

Name of Consenting Individual, Parent or Guardian

Relationship to Minor Patient or Person

Signature of Consenting Individual, Parent or Guardian

Date



**PARTNERS IN MINISTRY AFTERSCHOOL
2026 – 2027 FALL PROGRAM
21st CENTURY LEARNING CENTER**

CELL PHONE POLICY

PARTNERS IN MINISTRY WILL FOLLOW THE SAME CELL PHONE POLICY AS SCOTLAND COUNTY SCHOOLS.

Middle Schools:

- **Students are required to keep their cell phones or other wireless communication devices in their assigned locker during the instructional day.** The instructional day is defined as the time from the first bell to begin school and the last bell to dismiss school. Failure to comply may result in disciplinary actions up to confiscation or out-of-school suspension (OSS).

Students at Partners In Ministry will be asked to surrender their devices to be placed in storage upon entry into the classroom.

Elementary Schools:

- **Students are not allowed to possess wireless communication devices at any time.** Failure to comply may result in disciplinary actions up to confiscation or out-of-school suspension (OSS).

Partners In Ministry is not responsible for the theft, loss or damage of a cellular phone or other personal wireless communication device.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____



National Mission Institution

2026-2027 PARTNERS IN MINISTRY AFTERSCHOOL FALL Program

Partners In Ministry's fall program will now include a new, innovative approach to supporting students' social and emotional growth. In addition to the current STEM activities, academic support, and learning excursions offered at PIM, students will engage in Reading Comprehension and Social and Emotional Learning (SEL) content designed to strengthen ELA skills and build the social skills needed to thrive in today's challenging school environments.

Topics will include cooperation, empathy, and self-control—key components of healthy social and emotional development. Students will continue to have access to all programs and opportunities offered at Partners In Ministry.

The SEL environment at PIM will provide a space where students can communicate and work collaboratively with their peers on projects that promote social and emotional growth. Parents are welcome to visit PIM at any time.

We request your consent for your child to participate in this program. Please complete the form below and return it with your application.

Student Name _____ Grade _____

Feeder School _____ Date _____

Parent/Guardian Signature _____

Please like or follow us on Social Media.



facebook.com/partnersinministrync



[Partners In Ministry Laurinburg](#)



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