

# PACE 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 PACE 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 PACE

## 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 PACE. 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 PACE 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 PACE POLICIES**  
**THAT HAVE REVISED AND POSTED AT**  
**WWW.PACEMIAML.ORG**

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**PACE 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 PACE Policy for age requirement)

STUDENT NAME: \_\_\_\_\_  
GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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**10:00**  
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**11:00**  
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STUDENT NAME: \_\_\_\_\_  
GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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STUDENT NAME: \_\_\_\_\_  
GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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STUDENT NAME: \_\_\_\_\_  
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STUDENT NAME: \_\_\_\_\_  
GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
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**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 \$70

**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 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](mailto:info@pacemiami.org)  
Web site: [www.pacemiami.org](http://www.pacemiami.org)