

P.E.A.C.E. AFTERSCHOOL PROGRAM, INC.
100 Terrace Ave, Suite 110
Hempstead, NY 11550
Telephone: 516-633-1069

Email--PeaceAfterschoolProgram@gmail.com

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All applicants should be aware that:

1. The P.E.A.C.E. Summer Camp is required to be permitted to operate by the Nassau County Department of Health;
2. The P.E.A.C.E. Summer Camp is required to be inspected twice yearly; and
3. The P.E.A.C.E. Summer Camp inspection reports are filed at: 200 County Seat Drive, Mineola, New York 11501

PLEASE READ AND SIGN THE FOLLOWING

- I understand that there are certain risks inherent in the types of activities in which my child will be participating. I hereby waive all claims against the P.E.A.C.E. AP Inc., its employees, officers and directors, in the event of any and all emergency situations in connection with any injury of my child.
- In case of a medical emergency, I hereby authorize my child to be treated at the nearest hospital in the event that I, or the alternate emergency contacts, cannot be reached. Also, it is understood that neither medical no health insurance coverage is supplied by the P.E.A.C.E. AP Inc. and that the parent(s) are responsible for any and all medical expenses that may occur.

Parent or Legal Guardian: (Please Print) _____

Signature of Parent or Legal Guardian: _____

Date: _____

PERMISSION FOR FIELD TRIPS/SWIMMING

Student's Name: _____ Date: ____/____/____

I, _____, parent/guardian of _____ give permission for my child to go on fieldtrips and off-site swimming with the P.E.A.C.E. AP Inc. I understand that transportation will be provided to and from the P.E.A.C.E. AP Inc. program site when trips and off-site swimming are scheduled. I will receive a copy of the P.E.A.C.E. AP Inc. TRIP SCHEDULE at the parent orientation session.

Parent/Guardian Name (Print)

Parent/Guardian Signature

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Student's Name: _____

PERMISSION TO PICK-UP

I, _____, parent of _____,
grant permission to the persons listed below to pick-up my child/children from the P.E.A.C.E. AP Inc. if I am
unable to do so or, cannot be contacted. Only those individuals listed are authorized to pick-up my
child/children in my stead. My signature below confirms my obligation and this statement serves as my
written consent to allow the arrangement outlined above.

Parent/Guardian Signature

Date

Authorized person – relationship to student

Contact Number

Authorized person – relationship to student

Contact Number

PERMISSION TO PHOTOGRAPH

I, _____, parent of _____

give my permission for photographs, video, or other media to be taken of my child for illustrating,
advertising, publishing, and promoting activities during my child's participation in the P.E.A.C.E. AP Inc.
program.

Parent/Guardian Signature

Date

NOTARY PUBLIC (STAMP & SIGNATURE)

Date