



IMPORTANT!! Please subscribe!

House of Faith sends out important information year-round through text message, but you have to opt in to our texting platform to receive these! You will receive a consent request the first time we try to text you, OR you can **subscribe now** by texting either the word "START" or your child's school to **325-486-8637**!

HOUSE OF FAITH PROGRAMS

6th-12th Grade

Mondays, 6-8pm

321

**At the HOF building
at 321 Montecito Dr.**

Meal, Worship, Teaching & Friends!

TRANSPORTATION PROVIDED (within San Angelo City Limits)

Call or text 325.486.8637 by 5PM each week for a ride

Students living in Grape Creek can meet at Grape Creek Family Fellowship (8158 US-87) for transportation to and from House of Faith. (students can also be dropped off & picked up at HOF)

Start date will be sent out via text!

YES! We have House of Faith for teenagers!

Backyard Bible Clubs

PK—5th Grade

**Once a week, after school
until 4:30pm**

BBC is available for these schools:

- | | | |
|------------|--------------|--------------|
| • Belaire | • Fannin | • Lamar |
| • Bonham | • Ft. Concho | • McGill |
| • Bradford | • Glenmore | • Reagan |
| • Crockett | • Goliad | • Santa Rita |
| | • Holiman | |

Details about location and days will be sent out **via text** to registered students. Each school will meet on EITHER Wednesday OR Thursday each week.

Start dates will be sent out via text!

Transportation information: When transportation for our programs is needed, we are happy to provide it! However, our vehicle capacity is limited. **If at all possible, please pick up your child(ren)** or arrange to have them picked up by someone else!

HOUSE OF FAITH

321 Montecito Dr.
San Angelo, TX 76903

Ph. 325.486.8637
Fax. 325.486.0788

**Don't forget your
information**



**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
4. E-mail the attached form to us at forms@hofministries.org
5. Have your child bring the form to their House of Faith program.

**Don't forget your
signature!**



House of Faith Student Permission Form 2025-2026

This form must be filled out for your child(ren) to attend and be transported to and/or from House of Faith activities, including: Backyard Bible Club, 321, and other special events (the "Activities").

Please register ALL students who are in PK-12th grade in your family.

Please note that all forms MUST have at least one Parent/Guardian Listed

Parent/Guardian 1

(Primary Contact)

Name (Print): _____

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

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated
☐ Widowed ☐ Other: _____

DOB: ____/____/____ Gender: F M

Ethnicity: ☐ Hispanic ☐ African American ☐ White ☐ American Indian
☐ Asian ☐ 2 or more races

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ ☐ Cell ☐ Home ☐ Work

Phone #2: _____ ☐ Cell ☐ Home ☐ Work

Did you attend House of Faith programs as a student? Y N

Does your family regularly attend a church? Y N

If so, what church _____

List how you are related to each child (examples: Mom/Dad, Aunt/Uncle, Guardian):

Child 1: _____ Child 3: _____

Child 2: _____ Child 4: _____

Parent/Guardian 2

(Second Contact)

Name (Print): _____

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

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated
☐ Widowed ☐ Other: _____

DOB: ____/____/____ Gender: F M

Ethnicity: ☐ Hispanic ☐ African American ☐ White ☐ American Indian
☐ Asian ☐ 2 or more races

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ ☐ Cell ☐ Home ☐ Work

Phone #2: _____ ☐ Cell ☐ Home ☐ Work

Did you attend House of Faith programs as a student? Y N

Does your family regularly attend a church? Y N

If so, what church _____

List how you are related to each child (examples: Mom/Dad, Aunt/Uncle, Guardian):

Child 1: _____ Child 3: _____

Child 2: _____ Child 4: _____

Photos and Video Permission: 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:

☐ Online and in print ☐ In print only (example: newsletter) ☐ Please do not use photos or videos of my child/ren

Child #1

Name (first and last): _____ Gender: F M DOB: ____/____/____

Grade: _____ School: _____ Child's Cell # (if applicable): _____

Ethnicity: ☐ Hispanic ☐ African American ☐ White ☐ American Indian ☐ Asian ☐ 2 or more races

Child Lives with: ☐ Both Parents ☐ Mom ☐ Dad ☐ Grandma ☐ Grandpa ☐ Other: _____

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

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

Special notes to help better serve your child (including transportation details): _____

Is your child eligible for a free or reduced price lunch at school? Y N

Child will: ☐ Be picked up ☐ Walk home

☐ Go to YMCA ☐ Need a ride (please only check if needed)

In consideration of House of Faith, a Texas nonprofit corporation ("House of Faith") permitting my child to participate in the Activities, I voluntarily and knowingly execute this Release, Waiver, and Indemnity Agreement. I understand that the Activities may involve the risk of physical injury or property damage. I voluntarily accept and assume all risks of personal injuries (including without limitation sickness from communicable disease and death) and/or damage to property (collectively "Injury or Harm") caused by or arising out of my child's participation in the Activities.

I give my permission for my child to attend House of Faith programs and agree to release and discharge the House of Faith and its directors, officers, employees, agents, and volunteers ("Releasees") from any claims, demand, actions, or judgments (collectively, "Claims") which I or my child ever had, now have, or may have in the future against Releasees for any Claims arising out of my child's participation in the Activities. I further agree to indemnify each Releasee for Claims related to Injury or Harm suffered by my child as well as Claims based in whole or in part on the conduct of myself or my child which results in harm to another party, including any Releasee.

I have read the information on the back of this form regarding House of Faith Policies and Disclaimers for Acceptance, Insurance, Transportation, Medical Care, Photos and Video Footage, Dismissals, Expectations for Behavior, and Physical Restraint. I am in agreement with, and agree to abide by these policies. I expressly agree that the risk assumptions, releases, and indemnities contained in this Agreement are intended to be as broad and inclusive as permitted by the laws of the State of Texas.

Parent/Guardian Signature:

X

Register more children on reverse side

+ Review the Policies and Disclaimers

Date: _____

Child #2

Name (first and last): _____ Gender: F M

DOB: ____/____/____ Grade: _____ School: _____

Child's Cell # (if applicable): _____

Ethnicity: ☐Hispanic ☐African American ☐White ☐American Indian ☐Asian ☐2 or more races

Child Lives with: ☐Both Parents ☐Mom ☐Dad ☐Grandma ☐Grandpa ☐Other: _____

Is your child eligible for a free or reduced price lunch at school? Y N

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

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

Child will: ☐Be picked up ☐Walk home ☐Go to YMCA ☐Need a ride (please only check if needed)

Special notes to help better serve your child (including transportation details):

Child #3

Name (first and last): _____ Gender: F M

DOB: ____/____/____ Grade: _____ School: _____

Child's Cell # (if applicable): _____

Ethnicity: ☐Hispanic ☐African American ☐White ☐American Indian ☐Asian ☐2 or more races

Child Lives with: ☐Both Parents ☐Mom ☐Dad ☐Grandma ☐Grandpa ☐Other: _____

Is your child eligible for a free or reduced price lunch at school? Y N

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

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

Child will: ☐Be picked up ☐Walk home ☐Go to YMCA ☐Need a ride (please only check if needed)

Special notes to help better serve your child (including transportation details):

Child #4

Name (first and last): _____ Gender: F M

DOB: ____/____/____ Grade: _____ School: _____

Child's Cell # (if applicable): _____

Ethnicity: ☐Hispanic ☐African American ☐White ☐American Indian ☐Asian ☐2 or more races

Child Lives with: ☐Both Parents ☐Mom ☐Dad ☐Grandma ☐Grandpa ☐Other: _____

Is your child eligible for a free or reduced price lunch at school? Y N

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

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

Child will: ☐Be picked up ☐Walk home ☐Go to YMCA ☐Need a ride (please only check if needed)

Special notes to help better serve your child (including transportation details):

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.

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 render medical care (including surgery and anesthesia) to my child, and I release the Releasees and medical personnel from Claims for Injury or Harm suffered by my child. I further 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.

Insurance: I understand House of Faith does not assume any responsibility to provide my child with financial or other assistance, including without limitation medical, health, or disability benefits or insurance of any nature in the event of Injury or Harm. 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.

Personal Belongings: I understand House of Faith is not responsible for lost or stolen items and acknowledge I have been advised that my child should leave all valuables at home. I assume the risk of loss for items brought by me or my child to the Activities.

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. I further grant and convey to House of Faith all right, title and interest in any and all photographs, images, video, or audio recordings of my child or my child's likeness or voice made by House of Faith or its agents in connection with my child's participation in the Activities including without limitation any royalties, proceeds, or other benefits derived from such materials.

Expectations for Behavior: I acknowledge that 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: I acknowledge 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: I acknowledge 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 people or property from serious injury or 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.

Communicable Diseases: I understand the risk involved for exposure to virus, disease and other communicable disease including, but not limited to, COVID-19. I give my permission for my child to attend and will hold harmless House of Faith and any of their representatives for exposure to virus, disease and infection including, but not limited to, COVID-19.

House of Faith
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San Angelo, TX 76903
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