

Harbor Christian Homeschool, Inc.
Cooperative Homeschool Program
Registration Contract 2010-2011

Please print:

Last Name _____ Mother _____ Father _____

Address _____

City _____ Zip _____ Phone _____

May we print the above information in the HCH Directory? Yes No

E-Mail _____

Church affiliation (optional) _____ Cell Phone: _____

Children that you are registering:

Will any of the children registered be attending public or private school? Yes No

If yes, who? _____

NAME	M/F	AGE BY 9/1/10	BIRTH DATE

BY SIGNING THIS CONTRACT:

I affirm that I have read the entire 2010-2011 registration packet, and my child(ren) and I have read the *Parent & Student Responsibilities* together.

I agree to abide by the rules and expectations as presently enforced, or as may be amended.

I understand that if anyone in my family violates the rules, it will jeopardize our participation in the HCH cooperative program.

I agree to be responsible for the behavior of my child(ren).

I understand that I will be required to fulfill the co-op job(s) that will be assigned to me.

I agree to be financially responsible for any FIAC or HCH, Inc. property that my child(ren) damage(s).

In the case of an incident that results in physical and/or emotional injury to my child(ren) or myself, I release: Harbor Christian Homeschool, Inc. and its agents, Harbor Christian Homeschool, Inc. Advisory Board members, HCH Program registrants, and Fox Island Alliance Church, from any liability and all claims against them, individually or collectively, for any damages or medical care necessary.

Father's signature _____ Date _____

Mother's signature _____ Date _____

Student's signatures (10 & up) _____

LAST NAME:
PHONE#

HCH Homeschool Program REGISTRATION FORM 2010-2011

Parents, please check your preferred job choice(s). We will try to accommodate your requests but cannot guarantee placement.

- AM Set-up Hall Monitor Lunch clean-up
 4th period cleaning 5th period cleaning PM Restore
-

Fill out a registration box for each student, include the hours they will be in Study Hall and Playroom. Indicate all classes you prefer to facilitate by writing "yes" in the "Facilitate?" box. Remember to register babies and pre-schoolers coming to co-op but not attending classes. If you are registering more than five children, please make copies of the back of this form and attach.

STUDENT'S NAME:		BIRTH DATE:	
Class Period	Name of Class	Facilitate?	Do not mark in these spaces ↓
1st Period: 1st Choice			
Wait or 2nd Choice			
2nd Period: 1st Choice			
Wait or 2nd Choice			
3rd Period: 1st Choice			
Wait or 2nd Choice			
4th Period: 1st Choice			
Wait or 2nd Choice			
5th Period: 1st Choice			
Wait or 2nd Choice			

STUDENT'S NAME:		BIRTH DATE:	
Class Period	Name of Class	Facilitate?	Do not mark in these spaces ↓
1st Period: 1st Choice			
Wait or 2nd Choice			
2nd Period: 1st Choice			
Wait or 2nd Choice			
3rd Period: 1st Choice			
Wait or 2nd Choice			
4th Period: 1st Choice			
Wait or 2nd Choice			
5th Period: 1st Choice			
Wait or 2nd Choice			

STUDENT'S NAME:		BIRTH DATE:	
Class Period	Name of Class	Facilitate?	Do not mark in these spaces ↓
1st Period: 1st Choice			
Wait or 2nd Choice			
2nd Period: 1st Choice			
Wait or 2nd Choice			
3rd Period: 1st Choice			
Wait or 2nd Choice			
4th Period: 1st Choice			
Wait or 2nd Choice			
5th Period: 1st Choice			
Wait or 2nd Choice			

STUDENT'S NAME:		BIRTH DATE:	
Class Period	Name of Class	Facilitate?	Do not mark in these spaces ↓
1st Period: 1st Choice			
Wait or 2nd Choice			
2nd Period: 1st Choice			
Wait or 2nd Choice			
3rd Period: 1st Choice			
Wait or 2nd Choice			
4th Period: 1st Choice			
Wait or 2nd Choice			
5th Period: 1st Choice			
Wait or 2nd Choice			

STUDENT'S NAME:		BIRTH DATE:	
Class Period	Name of Class	Facilitate?	Do not mark in these spaces ↓
1st Period: 1st Choice			
Wait or 2nd Choice			
2nd Period: 1st Choice			
Wait or 2nd Choice			
3rd Period: 1st Choice			
Wait or 2nd Choice			
4th Period: 1st Choice			
Wait or 2nd Choice			
5th Period: 1st Choice			
Wait or 2nd Choice			

MEDICAL RELEASE FORM
Harbor Christian Homeschool, Inc.
2010-2011

Please furnish information on all family members that may be attending HCH in the '10-'11 school year

Mother:

Last name _____ First _____ Birth date _____
Address _____
Phone# _____ Cell# _____ Work# _____

Health information:

Doctor _____ Phone# _____
Medical insurance carrier _____ ID# _____
Allergies and/or significant medical conditions:

Medications taken regularly:

Father:

Last name _____ First _____ Birth date _____
Address _____
Phone# _____ Cell# _____ Work# _____

Health information:

Doctor _____ Phone# _____
Medical insurance carrier _____ ID# _____
Allergies and/or significant medical conditions:

Medications taken regularly:

Emergency contacts for the family:

Name _____	Relationship _____
Phone# _____	Work# _____ Cell# _____
Name _____	Relationship _____
Phone# _____	Work# _____ Cell# _____

Consent for Hospital Admission and/or Physician's Care

We (I), the undersigned, hereby consent to all emergency medical and surgical treatment which may be deemed necessary for _____

(Print the names of both parents and children)

We (I) shall be liable and agree to pay all costs and expenses incurred in connection with such medical services rendered. We (I) have read the above consent and understand and agree to its content:

Father's signature _____ Date _____
Mother's signature _____ Date _____

Fill out children's medical information on the back

Student's health information:

Last name _____ First _____ Birth date _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Student's health information:

Last name _____ First _____ Birth date _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Student's health information:

Last name _____ First _____ Birth date _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Student's health information:

Last name _____ First _____ Birth date _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Student's health information:

Last name _____ First _____ Birth date _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Please make copies of this form if you are registering more than 5 children

Harbor Christian Homeschool, Inc.
Assumption of Risk/Field Trip Consent Form 2010-2011

I hereby acknowledge that I have read, understood and agree to the following:

I hereby give my permission and consent for my child(ren) (**name all children that may attend field trips or events**) _____

to participate in Harbor Christian Homeschool field trips and excursions, including all activities, September 2010 through August 2011. I understand my child(ren) may be transported to or from field trips by co-op members utilizing private or public transportation. Field trips may take place before, during, or after regular HCH hours.

I acknowledge that activities may entail known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or third parties.

I hereby release Harbor Christian Homeschool, Incorporated and its agents, and all HCH co-op members or adult leaders, from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during a field trip or activity, or in traveling to or from such field trip destinations. I acknowledge that Harbor Christian Homeschool, Inc. does **NOT** provide health, medical, accident, or car insurance, and I agree to be financially responsible for any expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Should I and/or my child require emergency medical treatment as a result of accident or illness arising during the field trip, I consent to such treatment. I authorize emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student(s).

I agree to uphold the following HCH policy:

Anyone driving for field trips and/or outings

must carry car insurance in compliance with Washington state law

must use a car in good working condition

must have each person in the car wear their own working seatbelt (i.e. no double buckling)

must seat children in compliance with Washington state law (i.e. child safety seats, location in accordance with air bags, etc.)

I understand in the event of an accident my personal insurance will be legally bound

Parents Names _____

Address _____

Home Phone# _____ Cell# _____ Work# _____

Emergency Contact _____ Phone# _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Last name _____ First _____ Birth date _____
Doctor _____ Phone# _____
Medical insurance carrier _____ ID# _____
Allergies and/or significant medical conditions:

Medications taken regularly:

Student's emergency information:

Last name _____ First _____ Birth date _____
Doctor _____ Phone# _____
Medical insurance carrier _____ ID# _____
Allergies and/or significant medical conditions:

Medications taken regularly:

Student's emergency information:

Last name _____ First _____ Birth date _____
Doctor _____ Phone# _____
Medical insurance carrier _____ ID# _____
Allergies and/or significant medical conditions:

Medications taken regularly:

Student's emergency information:

Last name _____ First _____ Birth date _____
Doctor _____ Phone# _____
Medical insurance carrier _____ ID# _____
Allergies and/or significant medical conditions:

Medications taken regularly:

Student's emergency information:

Last name _____ First _____ Birth date _____
Doctor _____ Phone# _____
Medical insurance carrier _____ ID# _____
Allergies and/or significant medical conditions:

Medications taken regularly:

Please make copies of this form for more than 5 children