

Parents' Names (FATHER & MOTHER NAMES)

Student First Name

Student Last Name

Street Address

City/Town

ZIP

Home Phone

Cell Phone

Email

New to Homeschooling

New to HELP

Accountability Group (Required By Law)

Recommended by

LIABILITY RELEASE

I, the undersigned, sign this release on my own behalf and on the behalf of my minor children who are enrolled in Home Education Learning Partnership (H.E.L.P.). I knowingly and freely assume all risks, both known and unknown to my minor children, while participating at H.E.L.P. or related activities. I hereby release and hold harmless H.E.L.P. and its Board, administration, teachers, and volunteers even if arising from the negligence or gross negligence of the persons or entity released, with respect to any and all damage, injury, disability, and death or loss or damage to person or property. Further, I consent to photos being taken of myself and my family for use in advertising and social media. Any disclosure information provided in this registration in no way alters or amends the terms of this liability release. I have read the terms of this release of liability, fully understand them, and sign freely and voluntarily. Any disputes or claims between H.E.L.P. and myself and family shall be resolved through mediation or, if mediation is not successful, through binding arbitration.

Parent's Signature

Date

Full Disclosure - Medical, Behavioral or Past School Related Issues

I/We understand we are required to fully disclose all medical, behavioral or past school related issues related to this student. In addition, I/We understand the Director and Teachers must be informed immediately of any new incidents that occur post registration throughout the school year. I/We understand that this is for informational not instructional purposes and that my child's registration is subject to approval. Attach a letter with full disclosure.

Parent's Signature

Date

I/We understand that failure to provide all information in advance may result in removal from campus with a continued monthly financial commitment.

Parent's Signature

Date

Insurance Information

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is on the premises.

Do you have health insurance ___ Yes ___ No Name of Ins. Company

Policy # Group#

In whose name is the Insurance

Family Doctor Phone City

List of allergies to MEDICATIONS List of allergies to FOOD Student Carries EpiPen YES NO

Emergency Contact Information

In case of an emergency, we will attempt to contact parent first. If not successful - please list an alternate contact person.

Name Home Phone Cell Phone

Address Relationship

Please sign affirming you have read and agree to the Statement of Commitment found online.

Parent's Signature

Date

CARPPOOL Authorization - The following people are authorized to pick up my child/children

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

Is your child a driver? YES NO (Please fill out a driver permission form if your child will be driving to and from HELP)