

(An original signed form for each child is required by law.)

\*\*\*\*Acceptance of application is subject to interview with parent and child\*\*\*\*

Parents' Names (FATHER & MOTHER NAMES) \_\_\_\_\_ Student First Name \_\_\_\_\_ Student Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Accountability Group \_\_\_\_\_ New to Homeschooling  New to HELP

(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 that you have read and agree to the Parent/Student Handbook.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**CARPOOL 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)