



**\* Volunteer Information**

Classroom Helper Preferred Dates \_\_\_\_\_

Parents are required to work up to 4 days per year.

Class Assistant (Every week - receive tuition credit). Check if you would be interested in this position \_\_\_\_ Write age group you prefer. \_\_\_\_

Parents wishing to receive tuition credit (up to \$50 per month) may work every week. Limited number of positions are available.

You may wish to speak to the coordinator directly to insure there is a position available.

**\* Health Form** (If you are enrolling more than 2 children or need additional space, attach information on a separate sheet of paper.)

**1st Child's Name** \_\_\_\_\_

Current health problem(s) \_\_\_\_\_

Medications taken for each health problem. Give name of the drug, dosage taken, how often, how the drug is administered (by mouth, inhaler, eye drops, etc.) \_\_\_\_\_

Allergies (to food, medicines, and other) \_\_\_\_\_

List any restrictions during PE \_\_\_\_\_

Date of last physician's exam \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

**2nd Child's Name** \_\_\_\_\_

Current health problem(s) \_\_\_\_\_

Medications taken for each health problem. Give name of the drug, dosage taken, how often, how the drug is administered (by mouth, inhaler, eye drops, etc.) \_\_\_\_\_

Allergies (to food, medicines, and other) \_\_\_\_\_

List any restrictions during PE \_\_\_\_\_

Date of last physician's exam \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

**\* Physician**

**\* Contact person in an emergency** (if unable to reach parents)

_____ Name	_____ Phone	_____ Name	_____ Relationship	_____ Phone
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**\* Hospital** \_\_\_\_\_ (For Insurance Purposes)

**Emergency Medical Release:**

I understand that if my child(ren) is(are) seriously injured or seriously ill and the Academy personnel are unable to notify me by phone, they have permission to secure medical services for my child(ren), if necessary. I also understand that I will be responsible for the cost of all such medical services.

\* \_\_\_\_\_  
Parent's or Guardian's signature Date

**Student/Parent Contract** (Please make a photocopy of this contract if you would like it for your records.)

I have read the Policies & Procedures, or have had them read to me. I have discussed it with my parents and I understand what is required of me. I recognize that all policies and conduct code rules have been established by a team of adults who have been chosen to represent all the families within the Academy. This team of adults is called the Board of Directors. I understand that I am responsible for making all effort to honor and obey the standards. I understand that I am accountable for my conduct at the Academy.

I understand that the Academy is a place for well-behaved children, who are reasonably capable of governing themselves by Biblical standards. I recognize that the teachers have been hired to give me *and all the other children* in the classroom the opportunity to enjoy learning new skills. I am expected to make it *easy* for teachers to teach me and all other students in the room with me.

I understand that there are consequences for the way I behave at the Academy. When I conduct myself in a way that is pleasant, in a way that shows love for God and others, I have given myself opportunity to make new friends, learn new skills, and build a good reputation for myself. I have honored my word, my family, and my commitment to Christ. When I conduct myself in a way that is unpleasant, I tear down all of the same opportunities, and I will be singled out for the disciplinary action described in the Policies & Procedures.

**\* Signatures**

_____ 1st Child	_____ Date	_____ 2nd Child	_____ Date
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As parent(s) of the student(s) above, we have reviewed the Policies & Procedures thoroughly with our child(ren) and have clarified all questions raised. We have endeavored to help our child(ren) understand the seriousness of making a commitment and honoring his/her word.

We will abide by the principles, practices, and educational policies of the Academy as set forth in the Constitution & by-law's and Policies & Procedures. We will support those in authority over our child(ren) at the Academy. We hereby invest authority in this school to discipline our child(ren) as necessary according to policies stated within the Policies & Procedures.

We pledge our support to the school through praying for its programs and by paying the tuition payments regularly and on time. We understand that HSA is a parent cooperative and will help to make the cooperative work for our own family as well as for the families of all other students.

**\* Signatures**  
Mr. \_\_\_\_\_ Date \_\_\_\_\_ Mrs. \_\_\_\_\_ Date \_\_\_\_\_

**Hold Harmless Clause and Indemnity Agreement**

We the parents or legal guardians of the above named children will be held responsible for any and all loss, accident, neglect, injury or damage to person, life or property which may be the result of or may be caused by our occupancy and use of any facility and premises used by Home Schoolers' Academy and for which the owners of the facility or premises might be held liable. We will protect, indemnify, and hold harmless the owners of any such facility, its members, officers, directors, employees, agents, assigns, and its volunteers, to whom it may be liable, against all damages and claims for damages, judgments, demands, penalties, fines, suits, including attorney's fees, expenses, and costs, of any kind, on account of injuries, and loss of every kind or character to persons or property, public or private, including death and destruction, arising out of or in any manner connected with our use and occupancy of the facilities or premises, notwithstanding any possible negligence (whether sole, concurrent or otherwise) on the part of the facility owner's members, officers, directors, employees, agents, successors, and assigns, or volunteers.

**\* Signatures**  
Mr. \_\_\_\_\_ Date \_\_\_\_\_ Mrs. \_\_\_\_\_ Date \_\_\_\_\_