

Registration Fee Paid: _____

Last Name: _____
Preferred Phone #: _____

REGISTRATION CONTRACT

Harbor Christian Homeschool, Inc.

Please print:

Last Name _____ Mother _____ Father _____

Address _____

City _____ Zip _____ Email _____

Home# _____ Mother's Cell# _____ Father's Cell# _____

May we publish the above information in the online HCH Directory? Yes No

Church affiliation (optional) _____ How did you hear about HCH? _____

Children that you are registering:

| NAME | M/F | AGE BY 9/30/23 | BIRTHDATE |
|------|-----|-------------------|-----------|
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BY SIGNING THIS CONTRACT:

I affirm that I have read the entire 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, Inc. 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 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, volunteers, and representatives including HCH Advisory Board members, HCH Program registrants, and the host facility from any liability and all claims against them, individually or collectively, for any damages or medical care necessary.

Mother's/Guardian's Signature _____ Date _____

Mother's/Guardian's Name (please print) _____

Father's/Guardian's Signature _____ Date _____

Father's/Guardian's Name (please print) _____

Student's Signature(s) (ages 10 & up) _____

REGISTRATION FORM

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

5th period cleaning
 Teacher's Aide
 Hall Monitor
 Field trip/event planning

Do you have any specialized knowledge, skills, or interests that may benefit co-op? If so, please list them here (i.e. computers, art, etc.): _____

Fill out a registration box for each student. Remember to register babies and preschoolers for the Playroom. Indicate all classes you prefer to assist in by writing "yes" in the "Assist?" box. Requesting to be a Teacher's Aide for a class does not guarantee the position.

| STUDENT'S NAME: | | BIRTHDATE: | |
|-------------------------------|---------------|------------|-------------------------------|
| Class Period | Name of Class | Assist? | 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: | | BIRTHDATE: | |
|-------------------------------|---------------|------------|-------------------------------|
| Class Period | Name of Class | Assist? | 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 | | | |

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| STUDENT'S NAME: | | BIRTHDATE: | |
|-------------------------------|---------------|------------|-------------------------------|
| Class Period | Name of Class | Assist? | 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: | | BIRTHDATE: | |
|-------------------------------|---------------|------------|-------------------------------|
| Class Period | Name of Class | Assist? | 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 | | | |

REGISTRATION FORM

| STUDENT'S NAME: | | BIRTHDATE: | |
|-------------------------------|---------------|------------|-------------------------------|
| Class Period | Name of Class | Assist? | 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: | | BIRTHDATE: | |
|-------------------------------|---------------|------------|-------------------------------|
| Class Period | Name of Class | Assist? | 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 | | | |

Last Name: _____

MEDICAL RELEASE FORM

Harbor Christian Homeschool, Inc.

Please furnish information on all family members that may be attending HCH in the 2023-2024 school year.

Mother's/Guardian's Health Information:

Last name _____ First _____ Birthdate _____

Address _____

Home# _____ Cell# _____ Work# _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Father's/Guardian's Health Information:

Last name _____ First _____ Birthdate _____

Address _____

Home# _____ Cell# _____ Work# _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Emergency Contacts for the Family:

Name _____ Relationship _____

Home# _____ Cell# _____ Work# _____

Name _____ Relationship _____

Home# _____ Cell# _____ Work# _____

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/guardians and all children attending HCH)

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:

Mother's/Guardian's Signature _____ Date _____

Father's/Guardian's Signature _____ Date _____

Fill out children's medical information on the back.

STUDENT HEALTH INFORMATION

Student's Health Information

Last name _____ First _____ Birthdate _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Student's Health Information:

Last name _____ First _____ Birthdate _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Student's Health Information:

Last name _____ First _____ Birthdate _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Student's Health Information:

Last name _____ First _____ Birthdate _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Last Name: _____

ASSUMPTION OF RISK/ACTIVITIES PARTICIPATION AGREEMENT

Harbor Christian Homeschool, Inc.

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

I hereby give my permission and consent for my child(ren) [**print full name of child(ren)**]_____

to participate in Harbor Christian Homeschool field trips and events (“Activity” or collectively “Activities”) during September 2023 through August 2024. I understand my child(ren) (“Participant”) may be transported to or from Activities by co-op members utilizing private or public transportation. Activities may take place before, during, or after regular HCH hours.

I further acknowledge that participation in these Activities involves known and unanticipated risk to the Participant (and to Participant’s parent/guardian, if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, financial damage, and damage to third parties.

In consideration for the opportunity to participate in these Activities, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the Activities. The Participant (or participating parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the Activities or during transportation to and from the Activities, as well as for any medical treatment rendered to the Participant(s) that is authorized by Harbor Christian Homeschool, Inc. or its agents, volunteers, or any other representatives including its Advisory Board members (collectively referred to hereinafter as the “Activity Sponsor”). I acknowledge that Harbor Christian Homeschool, Inc. does NOT provide health, medical, accident, or car insurance. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the Activities or transportation to and from the Activities, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) cannot agree upon such a process, the dispute will be submitted to arbitration for resolution pursuant to the rules of the American Arbitration Association. The arbitrator’s fees shall be shared equally. This agreement shall be governed by the laws of the state of Washington.

Should the Participant and/or parent/guardian require emergency medical treatment as a result of accident or illness arising during the Activities, I authorize the Activity Sponsor to approve such medical treatment.

I agree to uphold the following HCH policy:

Anyone driving for Activities:

- 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’/Guardians’ Printed Names _____

Address _____

Home# _____ Cell# _____ Work# _____

Emergency Contact _____ Phone# _____

Mother’s/Guardian’s Signature _____ Date _____

Father’s/Guardian’s Signature _____ Date _____

STUDENT EMERGENCY INFORMATION

Student's Emergency Information:

Last name _____ First _____ Birthdate _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Student's Emergency Information:

Last name _____ First _____ Birthdate _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Student's Emergency Information:

Last name _____ First _____ Birthdate _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Student's Emergency Information:

Last name _____ First _____ Birthdate _____

Doctor _____ Phone# _____

Medical insurance carrier _____ ID# _____

Allergies and/or significant medical conditions:

Medications taken regularly:

Last Name: _____

PHOTO USE AGREEMENT

Harbor Christian Homeschool, Inc.

I hereby grant, voluntarily and with full understanding, to Harbor Christian Homeschool, Inc., a license to use and storage of all photographs, academic work and/or video recordings taken of me or my minor child(ren) by Harbor Christian Homeschool, Inc. (HCH) or its agents, volunteers, or any other representatives including its Advisory Board members, teachers, facilitators, and HCH Program registrants. I understand that any such photographs, academic work and/or video recordings become the property of HCH and may be used for educational, instructional and promotional purposes determined by HCH in broadcast and media formats (this includes posting on the HCH website, HCH private and public Facebook pages, HCH yearbook, and written promotional materials).

Please check one of the consent options below:

- Yes, I give my full consent to the use and storage of photos as described above
- I give my consent for photos to be used in the HCH yearbook only*
- No, I do not give my consent for the use and storage of photos as described above*

*I understand that if I do not give full consent as described above, HCH will share my family's last name on its private Facebook page in order to notify other HCH members that my family does not give consent to having photos posted.

Print full name of child(ren)

Mother's/Guardian's Signature _____ Date _____

Mother's/Guardian's Name (please print) _____

Father's/Guardian's Signature _____ Date _____

Father's/Guardian's Name (please print) _____