

H.O.P.E. Academy

Family Registration Form

Family Name: _____ Date _____

Address: _____

City, State, Zip _____

Parent's Home Number (____) _____ Cell phone (____) _____

Parents E-mail: _____

Father's name: _____ Work number: (____) _____

Mother's name: _____ Work number: (____) _____

School group: (ISP): _____ Administrator: _____

School address: _____

School phone: _____ Church affiliation: _____

Please note: A Student Profile Form must be completed for each student.

Child's Name _____ Grade level: _____ Date of Birth: _____ Reg. Fee _____

Child's Name _____ Grade level: _____ Date of Birth: _____ Reg. Fee _____

Child's Name _____ Grade level: _____ Date of Birth: _____ Reg. Fee _____

Child's Name _____ Grade level: _____ Date of Birth: _____ Reg. Fee _____

Child's Name _____ Grade level: _____ Date of Birth: _____ Reg. Fee _____

Total: _____

<p>Registration Fee Schedule <i>Make checks payable to: HOPE Academy 9444 Amsdell Ave. Whittier, CA 90605</i></p>	<p>New Students before June 1, and All students: June 2, to July 31, First student-\$125 Second student-\$90 Third student and thereafter-\$65</p>
<p>Returning student: by June 1, First student-\$100 Second student-\$80 Third student and thereafter-\$60</p>	<p>All students: After July 31, First student-\$150 Second student-\$100 Third student and thereafter-\$85</p>

My signature below confirms that I hereby release and hold harmless **HOPE Academy** and **Calvary Grace Church** and any and all that are associated with these organizations from any and all liability which may result from my child's participation in the **HOPE Academy** program and confirms that I have read all **HOPE Academy** policies and agree to adhere to them. I also take full responsibility for any and all damages that may be caused by my child, accidentally or otherwise.

 Parent or Legal Guardian signature

 Date

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Medical Release Form

In the rare case of a medical emergency, in which the parents cannot be reached, we will need the following information, including the signed release below.

Family name: _____

Address: _____ City _____ Zip _____

Home Telephone: (____) _____ Cell : (____) _____

Father/guardian: _____ Cell : (____) _____

Place of employment: _____ Work phone: (____) _____

Mother/guardian: _____ Cell : (____) _____

Place of employment: _____ Work phone: (____) _____

Family Physician: _____ Phone: (____) _____

Insurance Company _____ Policy number _____

Alternative Contact _____ Phone: (____) _____

Relationship _____

May we give over-the-counter medication to your child(ren)? No _____ Yes _____ **(Please check one)**

May we administer first aid to your child(ren)? No _____ Yes _____

Student Name	Conditions	Allergies	Medications

I, the undersigned Parent or Legal Guardian, give authorization for medical emergency attention as deemed by medical emergency staff in the best judgment of the physician in charge. Every effort will be made to contact the undersigned before any emergency medical decisions are made for the minor named on this release form. Medical treatment will not be withheld in the event that the undersigned cannot be reached. I will not hold liable HOPE Academy or Calvary Grace Church or any and all others affiliated with these organizations for medical aid rendered. I will also be completely financially responsible for any medical expenses for above mentioned minor in the event of an emergency.

Father's
signature: _____ Date: _____

Mother's
signature: _____ Date: _____

Legal
guardian: _____ Date: _____