

Enrollment Date: _____

Information Update Only: _____



PARKHURST
HOMESCHOOL ACADEMY

canderson@parkhurst.org

321-917-4109

Registration Form

Child: _____ Birthdate: __/__/__ Sex: M__ F__ Grade _____

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record if not enrolled in public school yet.

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Check (✓) any of the following illnesses the child has had:

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | | |

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special need the child care provider should be aware of:

Medication and Emergency Care Authorization

I authorize _____ to administer the medications authorized below as deemed necessary by staff for the comfort and well-being of my child. Medications will be administered in the dosages recommended for my child's age and weight. This authorization is in effect my child is enrolled, unless revoked by me and I understand that I will be notified when I pick up my child if any medications were given.

(Please cross of any item you would prefer not to be used)

Yes No I authorize use of typical first aid supplies including but not limited to Neosporin, anti-bacterial spray, cortisone, sunburn treatments, band-aids, and liquid Band-Aids.

Yes No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, diaper rash cream, etc.

Yes No I authorize use of pain relievers such as acetaminophen or ibuprofen.

Yes No I authorize use of children's cough syrup, strips or (cough drops as appropriate for age).

Yes No I authorize use of children's allergy or cold medicine for runny or stuffy nose.

Yes No I authorize use of children's stomach ache remedies, such as children's Pepto.

NOTE: Basic medications are kept on premises in a locked safe. If you would like your child to take a specific brand of medication, please provide it. Medications will be labeled with your child's name and kept locked. Prescription medications will require separate authorizations for each occurrence and must be sent to school in original prescription bottle.

I authorize _____ to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: _____

Transportation Authorization

I authorize my child to be transported by _____ to and from excursions, including but not limited to, school, bus stop, store, playground, and field trips. Children will be securely fastened in a car seat and/or seatbelt appropriate for my child's age and weight. Children will not be left unattended in any vehicle.

I do **NOT** give permission for my child to be transported. I understand that I will be responsible for child care at my own expense on days when children will be transported

Comments/Exceptions: _____

Water Play Authorization

Please be informed that water play/swimming is a high-risk activity and thus permission is required for children to participate in these activities. We participate in many water activities throughout the year which includes but is not limited to water table, water balloons/guns, sprinkler, wading pool, and swimming pool. Many precautions are being taken at our facility to help keep children safe when participating in water play, including but not limited to: Staff trained in an approved water safety course is present during water swimming activities, children learn water safety rules, and an emergency plan is in place for pool related activities.

I authorize my child to participate in ALL water/swimming activities offered.

Except: _____

- I also give permission for my child to participate in water activities away from the program including but not limited to the beach or water parks.
- I do NOT authorize my child to participate in ANY water/swimming activities.

I consider my child to be: a swimmer (swims 25+ feet without touching) non-swimmer

Please provide a US Coast Guard approved life jacket for non-swimmers and they will be required to wear it when not directly involved in swimming instruction.

Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

- I give permission to _____ to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

In Addition:

- I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).
- I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

OR

- I do NOT want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:



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ASSIGNMENT AGREEMENT

Please sign and return the following statement:

I understand that my child is responsible to complete assignments given, regardless of attendance. Parkhurst Homeschool Academy will provide these assignments in a timely manner. However, if a child does not complete the work, it is possible that the certified teacher will not sign off on completion, and this could impact said child's graduation or promotion status.

Parent Signature

Date

Student Signature for 7th grade through 12th grade

YOUTH WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Parkhurst Homeschool Academy
(name of organization)

related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Parkhurst Homeschool Academy
(name of organization)

its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Member/Participant (print) _____

Name of Parent/Guardian (print) _____

Parent/Guardian Relationship (print) _____

Signature of Parent/Guardian _____

Address of Member/Participant _____

Telephone Number of Parent or Guardian _____ () _____



PARKHURST
HOMESCHOOL ACADEMY

ENROLLMENT AGREEMENT

3800 W. Eau Gallie Blvd. #105
Melbourne, FL 32934
canderson@parkhurst.org

Family Name: _____ Grade _____
Students _____

Present Address:

Other Address:

Telephone (home): _____

(work) _____

(Cell) _____

Date of Birth: _____

E-mail: _____

PROGRAM INFORMATION:

Grade: _____ School Year _____

Enrollment Status

Part time: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Full time: _____

Before care: 7:00-8:15 _____

After care: 2:45-5:00 _____

Tuition:	\$ _____
Enrollment/Activity Fees	\$ _____
Membership Fee	\$ _____
Books/Supplies	\$ _____
Before Care	\$ _____
After Care	\$ _____
Total Program Costs	\$ _____

*The registration fee must accompany the enrollment agreement to secure a space in the program.
Enrollment/Activity Fees are non-refundable.*

Discounted Tuition	
10% multi-child	
50% full time missions/pastor	Enrollment must be paid in full.
5% off yearly tuition if paid in full by May 1	“ “
3% off yearly tuition if paid in full by August 1	“ “
Students receiving scholarships are not eligible for discounted tuition.	“ “

CONTRACT ACCEPTANCE:

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that if I default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by Parkhurst Homeschool Academy.

My signature below signifies that I have read and understand all aspects of this agreement and do recognize my legal responsibilities in regard to this contract.

Signed this _____ day of _____ 20_____

Parent Signature

Date

Signature of School Official

Date

Representative's certification: I hereby certify that _____ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student. I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

By: _____ Date: _____