

HFHG-EC East Campus

Fall Session 2008-Registration Form

Parents' Names _____ Church _____

Address _____ City _____ Zip _____

Telephone _____ E-mail _____
Emergency Contact _____ phone _____

Please indicate first and second choice of class. INCLUDE any nursery age children.

Monday Co-op

1. Student's Name _____ Grade _____ Date of Birth _____

	First choice		Second Choice
Block 1	_____		_____
Block 2	_____		_____
Block 3	_____		_____
Block 4	_____		_____

2. Student's Name _____ Grade _____ Date of Birth _____

	First choice		Second Choice
Block 1	_____		_____
Block 2	_____		_____
Block 3	_____		_____
Block 4	_____		_____

3. Student's Name _____ Grade _____ Date of Birth _____

	First choice		Second Choice
Block 1	_____		_____
Block 2	_____		_____
Block 3	_____		_____
Block 4	_____		_____

4. Student's Name _____ Grade _____ Date of Birth _____

	First choice		Second Choice
Block 1	_____		_____
Block 2	_____		_____
Block 3	_____		_____
Block 4	_____		_____

List any additional students on the back of this form

**Parent Teaching or Volunteer Area Request:
(Please be aware that parents may be asked to teach a class)**

	First choice		Second Choice
Block 1	_____		_____
Block 2	_____		_____
Block 3	_____		_____

Block 4 _____

Friday Elective Co-op

1. Student's Name _____ Grade _____ Date of Birth _____

Block 1 _____
Block 2 _____
Block 3 _____

2. Student's Name _____ Grade _____ Date of Birth _____

Block 1 _____
Block 2 _____
Block 3 _____

3. Student's Name _____ Grade _____ Date of Birth _____

Block 1 _____
Block 2 _____
Block 3 _____

4. Student's Name _____ Grade _____ Date of Birth _____

Block 1 _____
Block 2 _____
Block 3 _____

List any additional students on the back of this form

**Parent Teaching or Volunteer Area Request:
(Please be aware that parents may be asked to teach a class)**

Block 1 _____
Block 2 _____
Block 3 _____

We have read the policies in the HFHG-EC Handbook and agree that our family will abide by them. _____ Initial

We have read the East Campus By-Laws and agree that our family will abide by and respect them. _____ Initial

We have read the Statement of Faith and are in agreement with all statements. _____ Initial

We understand that if we have signed our children up for a P.E/Gym class, there is always a possibility of physical injury, and we accept responsibility for that decision. _____ Initial

We will contact HFHG-EC as soon as possible if we are unable to fulfill our commitment to attend classes. _____ Initial

Please initial here only if you **do not** want your child's picture posted on our website

Signature of Parents _____

Payment Information

After June 2 (Open Registration Day) you may mail your completed Registration form with payment to - Sherry Stumph, 10709 Easum Rd, Louisville, KY 40299.

Registration Deadline: June 30, 2008

- \$95 tuition (Primary) OR \$125 (Academy) Addl. \$10 (Friday Elective)
- Please make Checks to HFHG-EC
- Registrations are taken on a first-come, first-served basis.
- Classes may close at the discretion of leadership.

~Office Use only~

Date Reg. Received _____ Leadership/Teacher/Returning/New Reg.# _____

Tuition -Primary/Academy _____

Tuition- Friday Elective _____

Total _____

Minus Box Tops _____

Total \$ _____ Date Rec'd _____ Cash/Check# _____

HFHG-EC periodically runs police checks on all parents. In order to do this, we will need your Social Security Number & driver's license number.

SSN _____ drivers license #/state _____

Sex _____ Race _____

(HFHG-EC does not discriminate)

I hereby request and authorize the release of any information which pertains to any record of convictions contained in law enforcement files or in any criminal file maintained on me whether local, state or national. I hereby release local, state and national law enforcement agencies from any and all liability resulting from such disclosure.

Signature _____ Date: _____

Printed Name: _____

Maiden Name (if applicable) _____

Print Any and All Aliases _____ Date of birth _____