

H.E.A.R.T. Registration Form 2016-2017

Family Information

.....
Family Name

Father's Name

Mother's Name

.....
Street Address

City

Zip Code

Home Phone Number with Area Code:

Father Cell Phone Number with Area Code:

Mother Cell Phone Number with Area Code:

Parent Home Email Address:

Are you members of a church? Yes No

If so, to which church do you belong?

Policy Acceptance

Parent Policy Acceptance: I have read both the Parent Responsibility and the Student Responsibility sections of the website fully and carefully. I understand and agree to follow all the policies found on the H.E.A.R.T. website and help my child(ren) do so as well. I understand that not adhering to the outlined policies may result in expulsion from the program without refund.

Signed: _____ Date: _____

Student Policy Acceptance: I have read the Student Responsibility section of the website fully and carefully. I understand and agree to follow all the polices found on the H.E.A.R.T. website. I understand that it is very important to follow these rules so that all students are able to learn and enjoy themselves. I also understand that if I don't follow these rules I may be asked to leave the program.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

Personal Information Release: H.E.A.R.T. would like to create a family directory with the names, addresses, telephone numbers and ages of the children enrolled in the program. This directory would be distributed to H.E.A.R.T. families only. This information should only be used for personal contact with fellow H.E.A.R.T. families.

I allow my personal information to be distributed to the enrolled families of H.E.A.R.T.. I understand that the directory I am given should be used for my personal use only.

Signed: _____ Date: _____

H.E.A.R.T. may take pictures of students for internal use or external promotion, please check here if you DON'T give your permission for H.E.A.R.T. to use your child's likeness in this way.

Student Information

Please fill out **completely** for all of your children enrolling in the program.

If your student is entering kindergarten through third grade...

Student Name	Grade Entering in Fall (check one)	Age on September 8th	Gender (check one)	Lunchtime Class Preference (check one)
	<input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Music <input type="checkbox"/> Drama/Performance <input type="checkbox"/> Bible Study
	<input type="checkbox"/> K <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Music <input type="checkbox"/> Drama/Performance <input type="checkbox"/> Bible Study

If your student is entering fourth through eighth grade...

Student Name	Grade Entering in Fall (check one)	Age on September 8th	Gender (check one)	Length (check one)	Language Elective (check one)	Lunchtime Elective (check one)	1:20-2:15pm Elective (check one for each semester)	2:20-3:15pm Elective (check one for each semester)
	<input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> All Day <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only	<input type="checkbox"/> Sign Language <input type="checkbox"/> Spanish	<input type="checkbox"/> Performance <input type="checkbox"/> Bible Study <input type="checkbox"/> Strategic Games	1:20-2:15pm Elective (check one for each semester) 1st Semester Choice <input type="checkbox"/> Adv. Art (\$25) <input type="checkbox"/> Sewing (\$25) <input type="checkbox"/> Business Basics <input type="checkbox"/> Cool Chemistry (\$20) 2nd Semester Choice <input type="checkbox"/> 3D Art (\$25) <input type="checkbox"/> Cooking/Baking (\$35) <input type="checkbox"/> Stop Motion (\$50) <input type="checkbox"/> Critical Thinking	2:20-3:15pm Elective (check one for each semester) 1st Semester Choice <input type="checkbox"/> 3D Art (\$25) <input type="checkbox"/> Project Club (\$30) <input type="checkbox"/> Business Basics <input type="checkbox"/> Phun Physics (\$20) 2nd Semester Choice <input type="checkbox"/> Food Gardening (\$25) <input type="checkbox"/> Tae Kwon Do (\$35) <input type="checkbox"/> Robotics (\$50) <input type="checkbox"/> Critical Thinking
	<input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> All Day <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only	<input type="checkbox"/> Sign Language <input type="checkbox"/> Spanish	<input type="checkbox"/> Performance <input type="checkbox"/> Bible Study <input type="checkbox"/> Strategic Games	1:20-2:15pm Elective (check one for each semester) 1st Semester Choice <input type="checkbox"/> Adv. Art (\$25) <input type="checkbox"/> Sewing (\$25) <input type="checkbox"/> Business Basics <input type="checkbox"/> Cool Chemistry (\$20) 2nd Semester Choice <input type="checkbox"/> 3D Art (\$25) <input type="checkbox"/> Cooking/Baking (\$35) <input type="checkbox"/> Stop Motion (\$50) <input type="checkbox"/> Critical Thinking	2:20-3:15pm Elective (check one for each semester) 1st Semester Choice <input type="checkbox"/> 3D Art (\$25) <input type="checkbox"/> Project Club (\$30) <input type="checkbox"/> Business Basics <input type="checkbox"/> Phun Physics (\$20) 2nd Semester Choice <input type="checkbox"/> Food Gardening (\$25) <input type="checkbox"/> Tae Kwon Do (\$35) <input type="checkbox"/> Robotics (\$50) <input type="checkbox"/> Critical Thinking

A \$75 registration fee per family and any additional course fees and/or service hour payment are due with this registration form. Tuition is due the first Thursday of each month September through May. If your student is put on our waiting list, your check will be returned to you or destroyed.

You will be notified via email by June 15th, confirming your child's place in the H.E.A.R.T. program.

Medical Release and Insurance Waiver

Medical Release

I, _____, the parent of
_____ give permission for my
child(ren) to be treated in case of an emergency. I do not hold H.E.A.R.T. or The Village Church of Barrington
responsible for any injuries which occur to my child(ren) while on the premises.

Signed: _____ Date: _____

Emergency Phone Number: _____ Relationship: _____

Child(ren)'s Physician's Name: _____

Phone: _____

Effective September 1, 2016 through May 25, 2017.

Please list any physical conditions that may affect your child(ren)'s participation in the
H.E.A.R.T. program or treatment (allergies, etc.):

Insurance Waiver

I give my child(ren) permission to participate in the H.E.A.R.T. program and hereby waive, release and forever
discharge any and all claims or responsibilities of H.E.A.R.T., The Village Church of Barrington or premises,
employees, volunteers, officers, agents or servants for damages or injuries which may arise to my child(ren) and/or
any child(ren) under my care.

Signed: _____ Date: _____

Service Commitment Form

Parent Full Name: _____

Number of Children Enrolled in the H.E.A.R.T. Program: _____

The actual number of volunteer hours required is based on enrollment. Parents of students in kindergarten through third grade will be required to volunteer roughly 15 hours per enrolled child during the nine month program. Parents of students fourth through eighth grade will be required to volunteer roughly 7 hours per enrolled child. Your final confirmation will show the actual hours you will be serving.

Unit Study

As stated in the handbook, everyone must be willing to teach a unit study; however, not everyone will have to do so. *Unit Study Procedure: Two parents will work on each month's unit study. Each unit study volunteer will get credit for every hour he/she teaches plus one and one-half additional "preparation" hours for every week he/she teaches. (For example, a four week unit study could give you a credit for eight teaching hours plus six preparation hours for a total credit of 14 volunteer hours).*

Topic(s) you wish to teach: _____

Do you have a unit study teaching partner in mind? _____

If so, who: _____

Please rank your top three volunteer choices:

AM Classroom Aide _____ Unit Study _____ Nursery Aide _____

Lunch Room Aide _____ Closing/Clean-up _____ I would like to serve full days _____

Lunchtime Elective Aide _____ PM Classroom Aide _____ Use me where you need me _____

The months you *prefer* to serve: _____

When you *can't* serve: _____

Will you be needing child care during your volunteer time? Yes No

If so, please provide the following information about each child.

	<u>Name</u>	<u>Age on September 8, 2016</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

If you would like to pay \$15.00 per volunteer hour to reduce your obligation and help another family pay their tuition, **please specify how many hours you would like to give up and include a check made payable to the Village Church of Barrington for the hours with your registration.** _____

Is it your desire to take on more volunteer hours to reduce your tuition by \$15.00 for each additional hour you serve? Yes No

Please return this form with your child(ren)'s registration form and releases. Your service commitment confirmation will be included with your registration confirmation.