

# Family Consent Form

➔ (1) Complete Form, (2) Read and Initial Paragraphs, and (3) Sign.

Child(ren)'s Name(s): \_\_\_\_\_

Family Last Name: \_\_\_\_\_

## Consent

_____ Initial	I give my permission for my child(ren) to participate in any activity sponsored by High Country Home Educators or New Life Church as it relates to the classes we have chosen.
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_____ Initial	I waive, release, and indemnify High Country Home Educators or New Life Church, its agents, directors, officers, employees, and volunteers from all demands, claims, or liabilities, in law or in equity, which have arisen or may arise from any High Country Home Educators or New Life Church activity and which involves any damage, loss, or injury to me, my children named on this form, or our property. In the event that I cannot be reached in an emergency during a High Country Home Educators or New Life Church activity, I hereby give my permission to the physician or dentist selected by the church leadership to secure proper medical treatment for any of my children as deemed necessary, at no expense to New Life Church or High Country Home Educators.
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## Statement of Belief

_____ Initial	I understand that the tenets in the New Life Church Statement of Belief, as found in the Family Handbook, may be taught through the High Country Enrichment Class program, and I am comfortable with my child(ren) receiving this instruction.
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## Family Handbook

_____ Initial	I understand that I am responsible for reading and understanding all information in the High Country Enrichment Class Family Handbook, and I have/will instruct(ed) my child(ren) in the appropriate behavior.
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## Financial Agreement

_____ Initial	I understand that I am personally responsible for all balances due, regardless of funding sources, by the fifth week of classes. The final bill will be distributed <b>Sept. 21<sup>st</sup></b> and the balance is due <b>Sept. 29<sup>th</sup>, 2010</b> .
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_____ Initial	I understand that the \$20 initial payment per class is <b>non-refundable</b> .
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_____ Initial	I understand that the \$20 initial payment can <b>only</b> be refunded if <b>HCEC</b> cancels a class.
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_____ Initial	I understand that if my student's schedule changes, this payment can be transferred to the initial payment for another class, or the initial payment of another family member's class. I understand that the initial payment may not be transferred to the cost of a homework room.
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_____ Parent's or Guardian's Signature	_____ Date
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### Office Use Only

*Check paperwork for the following items:*

*Check Green Card for the following items:*

<input type="checkbox"/>	<i>Completion of class schedule worksheet</i>	<input type="checkbox"/>	<i>Fill in HCEC Grade Level according to age box</i>
<input type="checkbox"/>	<i>Allergy Form if needed</i>	<input type="checkbox"/>	<i>Verify signatures/initials on Family Consent Form</i>
<input type="checkbox"/>	<i>Teacher Exception Form if needed</i>		
<input type="checkbox"/>	<i>Verify signatures/initials on Family Emergency Information Form</i>		