

Revised 6-16-11

GRADE

Parent Name _____

Student FIRST NAME _____

Student LAST NAME _____

Parent Email -		Cell# -		Home# -	
_____ Registration Fee (\$60 max per Student)	_____ Orientation Deposit (\$50 per Family) (Tuition credit if you attend Orientation)	_____ Biology Lab Fee \$100	_____ Chemistry Lab Fee \$50	_____ Auction Reservation Fee (\$20 per family)	
Total To Reserve Student Registration _____ Date Paid _____		Monthly Tuition STAFF USE ONLY			

******TUESDAY - West Ashley - Charleston Baptist Church******

Hour												Circle ONE	Arts - Circle ONE	
9:00	<input type="checkbox"/> Art 1st-5th	<input type="checkbox"/> History 1st-2nd	<input type="checkbox"/> PE 3rd-4th	<input type="checkbox"/> IEW 4th	<input type="checkbox"/> Grammar 5th-6th	<input type="checkbox"/> General Science	<input type="checkbox"/> Drama 7th-12th	<input type="checkbox"/> Pre Algebra		<input type="checkbox"/> Physics	<input type="checkbox"/> Chemistry	<input type="checkbox"/> English 12th	study <input type="checkbox"/> gap	<input type="checkbox"/> 9:00 Piano <input type="checkbox"/> 9:30 Piano
10:00	<input type="checkbox"/> Art 1st-5th	<input type="checkbox"/> Drama K-2nd	<input type="checkbox"/> Science 3rd-4th	<input type="checkbox"/> IEW 5th-6th	<input type="checkbox"/> World View 4th-6th	<input type="checkbox"/> English 8th	<input type="checkbox"/> Biology (cont. after lunch)						study <input type="checkbox"/> gap	<input type="checkbox"/> 10:00 Piano <input type="checkbox"/> 10:30 Piano
11:00	<input type="checkbox"/> Science 1st-2nd	<input type="checkbox"/> Sign Language 1st-12th	<input type="checkbox"/> IEW 3rd	<input type="checkbox"/> Drama 3rd-6th	<input type="checkbox"/> History 5th					<input type="checkbox"/> Music App. 9-12	<input type="checkbox"/> Gospel & Culture		study <input type="checkbox"/> gap	<input type="checkbox"/> 11:00 Piano <input type="checkbox"/> 11:30 Piano
12:00 - 12:30		<input type="checkbox"/> LUNCH												
12:30	<input type="checkbox"/> PE 1st-2nd	<input type="checkbox"/> History 3rd-4th	<input type="checkbox"/> Science 5th		<input type="checkbox"/> Art 6th-8th	<input type="checkbox"/> English 7th	<input type="checkbox"/> Biology (cont.)	<input type="checkbox"/> Govt & Econ			<input type="checkbox"/> Algebra II		study <input type="checkbox"/> gap	<input type="checkbox"/> 12:30 Piano <input type="checkbox"/> 1:00 Piano
1:30	<input type="checkbox"/> Art 1st-5th	<input type="checkbox"/> Chorus 3rd-5th		<input type="checkbox"/> PE 5th-6th			<input type="checkbox"/> English 9th				<input type="checkbox"/> US History		study <input type="checkbox"/> gap	<input type="checkbox"/> 1:30 Piano <input type="checkbox"/> 2:00 Piano
2:30		<input type="checkbox"/> PE 3rd-4th		<input type="checkbox"/> IEW 5th-6th	<input type="checkbox"/> World History 6th-8th						<input type="checkbox"/> German I		study <input type="checkbox"/> gap	<input type="checkbox"/> 2:30 Piano <input type="checkbox"/> 3:00 Piano

******THURSDAY - West Ashley - Charleston Baptist Church******

Hour												Circle ONE	Arts - Circle ONE	
9:00		<input type="checkbox"/> Phonics 1	<input type="checkbox"/> Geog. 4th-6th		<input type="checkbox"/> Algebra 1	<input type="checkbox"/> Physical Science 8th <i>Apologia</i>		<input type="checkbox"/> English 10th		<input type="checkbox"/> English 11th			study <input type="checkbox"/> gap	<u>9:00</u> Piano OR Guitar <u>9:30</u> Piano OR Guitar
10:00	<input type="checkbox"/> Math 1st	<input type="checkbox"/> Lit. 1st-4th	<input type="checkbox"/> PE 5th-6th	<input type="checkbox"/> Spanish 6th-8th									study <input type="checkbox"/> gap	10:00 Piano OR Guitar 10:30 Piano OR Guitar
11:00		<input type="checkbox"/> Cooking 3rd-4th	<input type="checkbox"/> Math 4th	<input type="checkbox"/> Grammar 5th-6th	<input type="checkbox"/> Science 6	<input type="checkbox"/> Geog. 6th-8th	<input type="checkbox"/> SC History	<input type="checkbox"/> Spanish 2		<input type="checkbox"/> Geometry			study <input type="checkbox"/> gap	<u>11:00</u> Piano OR Guitar <u>11:30</u> Piano OR Guitar
12:00 - 12:30		<input type="checkbox"/> LUNCH												
12:30	<input type="checkbox"/> Science 1st-2nd		<input type="checkbox"/> Brain Max 2nd-8th		<input type="checkbox"/> Cooking 7th-8th			<input type="checkbox"/> World History 9th-10th					study <input type="checkbox"/> gap	<input type="checkbox"/> 12:30 Piano <input type="checkbox"/> 1:00 Piano
1:30							<input type="checkbox"/> Spanish 1						study <input type="checkbox"/> gap	<input type="checkbox"/> 1:30 Piano <input type="checkbox"/> 2:00 Piano

TTC English 101 requires additional registration paperwork from TTC - class meets Tuesday AND Thursday

H.E.L.P. Registration 2011-2012

_____ WEST ASHLEY CAMPUS

(An original signed form for EACH campus per child is required by law.)
Acceptance of application is subject to interview with parent and child

_____	_____	_____
Parent Name	Student First Name	Student Last Name

_____	_____	_____
Street Address	City/Town	ZIP

_____	_____	_____
Home Phone	Cell Phone	Email

_____	_____	_____
Recommended by	Accountability Group	# of Years Home Schooling

Medical Release Statement

I understand in the event emergency medical intervention is required, every attempt will be made to immediately contact the persons listed on this form. In the event I can't be reached in an emergency, I hereby give my permission to the physician or dentist selected by the HELP Director to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed medically necessary.

Parent/Guardian Signature _____ Date _____

Insurance Information

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is on the premises.

Do you have health insurance ___Yes ___No Name of Ins. Company _____

Policy # _____ Group# _____

In whose name is the Insurance _____

Family Doctor _____ Phone _____ City _____

List of allergies to MEDICATIONS _____ List of allergies to FOOD _____

Any activity restriction ___No ___Yes – List _____

Emergency Contact Information

In case of an emergency, we will attempt to contact parent first. If not successful – please list an alternate contact person.

Name _____ Home Phone _____ Cell Phone _____

Address _____ Relationship _____

CARPOOL Authorization

_____ YES – Include my family in CARPOOL conversation/emails

The following people are authorized to pick up my child/children:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Media Release Authorization

I grant to *Home Education Learning Partnership* permission to use photos or other likenesses of my children on the website; to use photos or other likenesses of minors under my guardianship in publications. I understand this permission is deemed permanent unless and until I submit a revocation of this permission in writing to the Director.

Parent/Guardian Signature _____ Date _____

Release Statement

I/We understand all reasonable safety precautions will be taken at all times by the Home Education Learning Partnership and its leaders, employees, and volunteer staff during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree to hold harmless *Home Education Learning Partnership*, its leaders, employees, and volunteers for damages, losses, diseases or injuries incurred by my child.

Parent/Guardian Signature _____ Date _____

Please sign affirming you have read, and agree to, the Statement of Commitment found online.

Parent _____ Date _____