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|-------------------|--------------|--------------------------|-------------------------|
| Parent Name _____ | GRADE | Student FIRST NAME _____ | Student LAST NAME _____ |
|-------------------|--------------|--------------------------|-------------------------|

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|---|--|--|--|
| Parent Email | Cell# - Home# | | |
| Registration Fee (\$60 max per Student) | Orientation Deposit (\$50 per Family) | Science LAB Fee (\$50 or \$100 per Lab Student) | Auction Reservation Fee (\$20 per Family) |
| Total To Reserve Student Registration _____ | | Tuition Due Each Month For This Student _____ | |

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

| Hour | | | | | | | | | | | Study-GAP | Arts - Circle 1 |
|---------------|---|--|--|--|--|---|---|--|--|--|--------------------------|---|
| 9:00 | <input type="checkbox"/> Amer. History 1st - 2nd | <input type="checkbox"/> Art 1st - 5th | <input type="checkbox"/> IEW Writing 4th | <input type="checkbox"/> Grammar 5th - 6th | | <input type="checkbox"/> Drama 3rd - 6th | <input type="checkbox"/> Spanish 2 9th-12th | | | | <input type="checkbox"/> | Piano 9:00 Piano 9:30 Voice 9:00 Voice 9:30 |
| 10:00 | <input type="checkbox"/> Drama K-2nd | <input type="checkbox"/> Art 1st - 5th | <input type="checkbox"/> Science 3rd - 4th | <input type="checkbox"/> IEW Writing 5th - 6th | <input type="checkbox"/> Amer. History 6th-7th | <input type="checkbox"/> Physical Science 9th | <input type="checkbox"/> English 10th | <input type="checkbox"/> Cooking 7th - 8th | | | <input type="checkbox"/> | Piano 10:00 Piano 10:30 Voice 10:00 Voice 10:30 |
| 11:00 | <input type="checkbox"/> Science 1st - 2nd | <input type="checkbox"/> IEW Writing 3rd | <input type="checkbox"/> Drama 7th- 12th | | | | | <input type="checkbox"/> Cooking 5th - 6th | <input type="checkbox"/> Sign Lang. 2nd-12th | | <input type="checkbox"/> | Piano 11:00 Piano 11:30 Voice 11:00 Voice 11:30 |
| 12:00 - 12:30 | <input type="checkbox"/> LUNCH (Reserved First for Students with classes before and after lunch) | | | | | | | | | | | |
| 12:30 | <input type="checkbox"/> Amer. History 3rd - 4th | <input type="checkbox"/> PE 1st - 3rd | <input type="checkbox"/> Science 5th | | <input type="checkbox"/> English 7th | | <input type="checkbox"/> Advan. Art | | <input type="checkbox"/> Algebra II | | <input type="checkbox"/> | Piano 12:30 Piano 1:00 Voice 12:30 |
| 1:30 | <input type="checkbox"/> PE 4th - 6th | <input type="checkbox"/> Cooking 3rd - 4th | | | | | | <input type="checkbox"/> Art 6th - 8th | <input type="checkbox"/> Geometry 10th-11th | | <input type="checkbox"/> | Piano 1:30 Piano 2:00 |
| 2:30 | | <input type="checkbox"/> Art 1st - 5th | <input type="checkbox"/> IEW 5th-6th | <input type="checkbox"/> Character First 1st-3rd | | <input type="checkbox"/> English 8th | | | | | <input type="checkbox"/> | Piano 2:30 Piano 3:00 |

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

| Hour | | | | | | | | | | | Study-GAP | Arts - Circle 1 |
|---------------|---|---|--|---|---|--|---|--|---|---|--------------------------|---|
| 9:00 | <input type="checkbox"/> Chorus K-2th | | <input type="checkbox"/> Brain Max 2nd-8th | <input type="checkbox"/> Lit. Amer. History 3rd-4th | | <input type="checkbox"/> S.C. History 8th | <input type="checkbox"/> English 9th | <input type="checkbox"/> Chemistry 10th-12th | <input type="checkbox"/> Pre-Alg. | | <input type="checkbox"/> | Piano 9:00 Piano 9:30 Guitar 9:00 Guitar 9:30 |
| 10:00 | <input type="checkbox"/> Chorus K-2th | | | <input type="checkbox"/> Math 2nd-3rd | | <input type="checkbox"/> Spanish 6th - 8th | | | <input type="checkbox"/> Physical Science 9th | | <input type="checkbox"/> | Piano 10:00 Piano 10:30 Guitar 10:00 Guitar 10:30 |
| 11:00 | <input type="checkbox"/> Math 4th-5th | <input type="checkbox"/> Chorus 3rd-5th | | | <input type="checkbox"/> English 11th - (cont. after lunch) | <input type="checkbox"/> General Science 7th | <input type="checkbox"/> Spanish 1 9th-10th | <input type="checkbox"/> World History 10th | | <input type="checkbox"/> Wldview 7th-12th | <input type="checkbox"/> | Piano 11:00 Piano 11:30 Guitar 11:00 Guitar 11:30 |
| 12:00 - 12:30 | <input type="checkbox"/> LUNCH (Reserved First for Students with classes before and after lunch) | | | | | | | | | | | |
| 12:30 | | <input type="checkbox"/> Cook 3rd-4th | | <input type="checkbox"/> Character First 1st-5th | <input type="checkbox"/> English 11th (continued) | | | | <input type="checkbox"/> Spanish 3rd-5th | <input type="checkbox"/> Wldview 7th-12th | <input type="checkbox"/> | Piano 12:30 Piano 1:00 |
| 1:30 | | | | | | | | | | | <input type="checkbox"/> | Piano 1:30 Piano 2:00 |
| 2:30 | | | | | | | | | | | <input type="checkbox"/> | Piano 2:30 Piano 3:00 |

*** Learning Rx*** - Available By Appointment Only on Tuesday or Thursday

H.E.L.P. Registration 2010-2011

_____ WEST ASHLEY CAMPUS

_____ SUMMERVILLE 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 _____