

Knowledge and Wisdom Christian Homeschool Cooperative

VITAL FAMILY INFORMATION

(PLEASE COMPLETE THIS PAGE AND BRING A HARD COPY TO KWHC FOR REFERENCE)

CONTACT INFORMATION:

_____ Mother's Last Name _____ Mother's First Name _____ Cell Phone (text y / n):

_____ Father's Last Name _____ Father's First Name _____ Cell Phone (text y / n):

Home Phone: _____ Other Phone (specify): _____

Number where you can most likely be reached during KWHC class time: _____

E-mail addresses (specify):

Names and Relationship of Designees (Another KWHC parent or your teenager who holds a drivers license whom you designate as an on-site guardian and/or driver of your children):

_____ Designee Name & Contact Info. _____ Designee Name & Contact Info.

_____ Relationship _____ Relationship

In the chart below, please provide the teacher's last name of the classes your children will attend.

CLASS SCHEDULE								
Students' Names & Ages	Day	1st pd. 9-9:50	2nd pd. 10-10:50	3rd pd. 11-11:50	4th pd. 1-1:50	5th pd. 2-2:50	6th pd. 3-3:50	7th pd. 4-4:50
	Tues							
	Thur							
	Tues							
	Thur							
	Tues							
	Thur							
	Tues							
	Thur							

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EMERGENCY INFORMATION:

If we cannot reach you, please list the names and phone numbers of two people we may call in case of an emergency:

_____	_____
Name	Name
_____	_____
Phone	Phone

Below please list any special medical needs, allergies, learning disabilities, behavioral issues or other important considerations for each child who will participate in activities with KWHC (Parents: Be sure to communicate any such important information to your child's teacher(s)):

(Child Name) (Age) (Wt) (Allergies) (Medical/other conditions)

(Child Name) (Age) (Wt) (Allergies) (Medical/other conditions)

(Child Name) (Age) (Wt) (Allergies) (Medical/other conditions)

(Child Name) (Age) (Wt) (Allergies) (Medical/other conditions)

(Child Name) (Age) (Wt) (Allergies) (Medical/other conditions)

(Child Name) (Age) (Wt) (Allergies) (Medical/other conditions)

Doctor's name and phone #: _____

Insurance Information: _____

Policy #: _____ Group # _____

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CONSENT FOR TREATMENT AND LIMIT OF LIABILITY

The intention of this form is to provide a single document that covers any and all events connected with Knowledge and Wisdom Christian Homeschool Cooperative, which the below named minor(s)/student(s) may be involved in during the 20 ____– 20 ____ school year. Such events may include normal homeschool classes, a field day, field trips and social gatherings.

I/We, _____ the undersigned (parent name), do hereby release Knowledge and Wisdom Christian Homeschool Cooperative and its teachers, members, and volunteers, Crosspoint Church of Boone and its employees, members, and volunteers from any financial responsibility for the sickness or accident to myself my child/children (List names:

_____) while attending any activities hosted by or related to Knowledge and Wisdom Christian Homeschool Cooperative. To insure prompt attention in case of serious illness or accident, I understand that all reasonable efforts will be made to contact me, but that failure to do so will not prevent emergency treatment to be administered. My permission is granted to the leaders of Knowledge and Wisdom Christian Homeschool Cooperative to obtain medical attention in case of serious illness or injury to myself and the above named child/ children. I also fully understand that I and my child/children are here at their own risk.

Further, I/we hereby release, discharge, and covenant not to sue Knowledge and Wisdom Christian Homeschool Cooperative, its teachers, members, and/or volunteers, Crosspoint Church of Boone, its employees, members, and/or volunteers regarding any and all claims, demands, losses, or damages caused or alleged to be caused in whole or in part by the negligence of the “releasees”or otherwise, including negligent rescue operations. I fully understand that I and my child/children are participating at co-op activities at his/her/our own risk. I understand that this blanket liability release form will apply to all activities in which myself and the above-named child/children participates during the 20 ____– 20 ____ school year.

MY SIGNATURE BELOW INDICATES MY UNDERSTANDING AND ACCEPTANCE OF THE INFORMATION HEREIN.

(Parent Name Printed and Signature)

(Date)

(Witness)