



# Homeschool Christian Academy

## Family Contact Form

### 2021-2022

Date: \_\_\_\_\_

### **Family Information**

Last Name: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address(if different from above): \_\_\_\_\_

### **Primary Contact Info**

Father Phone: \_\_\_\_\_ Father Email: \_\_\_\_\_

Mother Phone: \_\_\_\_\_ Mother Email: \_\_\_\_\_

### **Student Info**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

### **Physician and Insurance Information**

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL RELEASE WAIVER**

I/We, the parents/guardians of the students listed in this form (“our children”), hereby give my/our approval for our children to participate in Homeschool Christian Academy’s (HCA’s) programs, inside and outside of Cornerstone Presbyterian Church premises. I/we assume all risks and hazards incidental to such participation by my/our children. I/We, the parents/guardians of the above-named children, hereby give my/our consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb, or the well being of our children.

Name of Parent: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_