



Homeschool Christian Academy

Family Contact Form

2025-2026

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: _____

Allergy Information

Name: _____ Allergy: _____

Symptoms: _____ Management: _____

Name: _____ Allergy: _____

Symptoms: _____ Management: _____

Physician and Insurance Information

Family Physician: _____ Phone Number: _____

Address: _____

Insurance Carrier: _____ Policy Number: _____

Emergency Contact and Authorized Pickup 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: _____

