

# VCHG Registration Form

Year 2011 to 2012

Allergies?

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Member's Birth Date \_\_\_\_\_

## *Emergency Contact:*

Name \_\_\_\_\_ Relation to Student \_\_\_\_\_ Home/Cell# \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Sept. \_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Sept. \_\_\_\_

Drug Allergies \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Medications \_\_\_\_\_

Physical Handicaps/Limitations \_\_\_\_\_

Physical Handicaps/Limitations \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Sept. \_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Sept. \_\_\_\_

Drug Allergies \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Medications \_\_\_\_\_

Physical Handicaps/Limitations \_\_\_\_\_

Physical Handicaps/Limitations \_\_\_\_\_

Student's Name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade as of Sept. \_\_\_\_

Drug Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Physical Handicaps/Limitations \_\_\_\_\_

### **HSLDA Membership**

- Are you a member of Home School Legal Defense Association (HSLDA)? \_\_\_\_\_
- If yes, please provide us with your membership number if you are interested in receiving our Veritas group discount. \_\_\_\_\_

### **Media Release**

- VCHG has my permission to take pictures/video of my family that may be used for VCHG promotional purposes or *private* web sharing (VCHG Facebook page)  
Yes \_\_\_\_\_ No \_\_\_\_\_

Doctor/Practice \_\_\_\_\_ Office # \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

I give my permission for my above named student(s) to attend the Veritas Christian Homeschool Group for the 2010-2011 school year. VCHG meets at Urbancrest Baptist Church 2634 Drake Rd., Lebanon, OH. I release VCHG, its staff, sponsors, parents, and Urbancrest Baptist Church, its staff and sponsors from responsibility and liability for any injury that my student(s) may sustain during this activity. In the event of an emergency, I authorize Veritas Christian Homeschool Group, as agent for me, to consent to any medical emergency treatment such as x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital. Parents will be notified as soon as possible.

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Commitment: (Please initial each line)**

- \_\_\_\_\_ I/We have read, understand and agree with the STATEMENT OF FAITH.
- \_\_\_\_\_ VCHG does not carry insurance for you or your student(s). I/We understand that I/we are responsible to carry INSURANCE on our own family.
- \_\_\_\_\_ I/We understand the commitment is for *one typical school year* including, on a weekly basis, two in class periods with one free hour per trimester.
- \_\_\_\_\_ I/We are aware this is a coactive effort by each family and no child will be simply dropped off for class activity unless student is enrolled in the Drop-In Program.
- \_\_\_\_\_ I/We plan to NOTIFY our local superintendent to have our student (s) excused from compulsory public education in accordance with Ohio Revised Code 3321.04, as well as not participate in a public school program such as virtual academy or charter school.

Member Name (please print) \_\_\_\_\_ Spouse Name \_\_\_\_\_

Member Signature \_\_\_\_\_ Spouse Signature \_\_\_\_\_

Date \_\_\_\_\_

A non-refundable \$50.00 check to Veritas Christian Homeschool Group is to be sent to:  
Christina Swoll  
14 Holly Drive  
Franklin, OH 45005

**Office Use Only:**

**\$50.00 Deposit Paid by:** Cash/ Check # \_\_\_\_\_

Date paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_