

# PHSA - Pearland Home School Alliance - Class Registration

[www.PHSApearland.com](http://www.PHSApearland.com)      [phsapearland@gmail.com](mailto:phsapearland@gmail.com)      281-485-1481

- In order to participate in **Pearland Home School Alliance Classes**, parents and students must:
- Read the following information
  - Complete this form
  - Sign the Behavior Guidelines
  - Sign the Medical Authorization and Waiver
  - Enclose a Registration Fee of \$25.00 made payable to "Shadycrest Baptist Church" (one fee per family).
  - Enclose Supply Fees for each class. All fees may be in one check to "Shadycrest Baptist Church"
  - Mail or deliver to: PHSA c/o Shadycrest Baptist Church, 3214 Hamm Rd., Pearland, TX 77581
  - By August 1, last Month's (May) tuition is due.
  - The First Month's tuition will be due September 7. Note: there will be no May tuition as that will already be paid.

**Note:** all registration for classes will be done through one person (Vicki Prebilsky). No student will be officially registered until all of the above is received.

**Family Last Name:** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**\*\*Email:** \_\_\_\_\_ **\*\*This is very important as most of our correspondence is done by e-mail. If you do not use e-mail regularly, let us know so we will contact you by other means. Second Email address( If desired):** \_\_\_\_\_

**Emergency Contact** (other than parent): \_\_\_\_\_ **Phone:** \_\_\_\_\_

LIST CLASSES IN ORDER BY CLASS TIME:

1. **Student First Name:** \_\_\_\_\_ **Age (by Sept. 1st):** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

CLASS TITLE	TIME	TEACHER	SUPPLY FEE	LAST MONTH TUITION

Special Medical Information: \_\_\_\_\_



\_\_\_\_\_ 6. Cell phones and electronic games should only be used during non-class times and may be confiscated if the teacher feels that they are interfering with the learning situation. Any confiscated items will be returned to the parent at the end of the school day.

\_\_\_\_\_ 7. Student's siblings must be directly supervised by a parent or other responsible adult while on campus.

My child and I have read and agree to abide by the **Behavior Guidelines**. I understand these guidelines are for the safety and protection of all students on the campus of Shadycrest Baptist Church. I understand failure to comply with these guidelines will result in expulsion without refund.

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

Student's: \_\_\_\_\_

\_\_\_\_\_

### Medical Information

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies to medication: \_\_\_\_\_

Medicines taken regularly: \_\_\_\_\_

Other information needed in event emergency treatment is required: \_\_\_\_\_

\_\_\_\_\_

### Insurance Information

Primary Insured: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Member # \_\_\_\_\_ Group # \_\_\_\_\_

### Medical Authorization and Waiver

I give consent to authorized representatives of Pearland Home School Alliance and Shadycrest Baptist Church to authorize medical treatment for my child/children, \_\_\_\_\_, in the event I am not present or cannot be reached.

For and in consideration of the license by Shadycrest Baptist Church to use their facilities located in Brazoria County; and in consideration of the benefits of participation in the Pearland Home School Alliance Classes and/or activities, I the undersigned, for myself and as guardian of the minor child/children whose names are:

\_\_\_\_\_, do hereby WAIVE AND RELINQUISH any right, cause of action, liability, or responsibility of Pearland Home School Alliance or Shadycrest Baptist Church for any injury, damage or loss including without limitation any bodily injury arising out of or incidental to our participation in Pearland Home School Alliance activities or use of Shadycrest Baptist Church facilities.

This waiver shall extend to all injuries, losses, or damage caused or contributed in cause by Pearland Home School Alliance personnel or Shadycrest Baptist Church's facilities or personnel, save latent defects not warned against or intentional misconduct.

Parent / Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed form to:

PHSA  
c/o Shadycrest Baptist Church  
3214 Hamm Rd.  
Pearland, TX 77581