

PHSA
Pearland Home School Alliance
Class Registration & Support Group Membership

Reg. Form _____ Fee _____
Class: _____ Fee _____
Class: _____ Fee _____
Class: _____ Fee _____

In order to participate in **Pearland Home School Alliance**, parents and students must read the following information, complete this form, and sign the Behavior Guidelines, Medical Authorization and Waiver, and join PHSA. Please return this form to your resource teacher, or mail to: PHSA c/o Shadycrest Baptist Church, 3214 Hamm Rd., Pearland, TX 77581. **Please enclose a check for \$10.00** made payable to "Vicki Prebilsky" for family membership. One form per student is acceptable (it is not necessary to have a form for every class.); one membership fee per family. Each student **must have a form on file before classes begin.**

Student Name: _____ Age: _____ Birth date: _____

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.

Emergency Contact (other than parent): _____ Phone: _____

Behavior Guidelines

Students attending Pearland Home School Alliance Classes are welcome guests of Shadycrest Baptist Church. Many other ministries and people use the campus during the week and there is a working church office as well. The following behavior guidelines will help facilitate a successful experience for home schooling parents and students attending classes and activities at Shadycrest.

1. Students are to be supervised at all times. Parents should stay with children until supervision is transferred to the appropriate teacher. Parents are responsible to arrange supervision with the teacher in the event the child will be on campus outside of the normal class meeting time.
2. Students are to be picked up promptly from classes. Please respect the teacher's time and be prompt. The church office cannot be responsible for any student left unattended.
3. There should be no foolish behavior in the church building or on the campus.
4. Students should be respectful and cooperative in class.
5. Students should not have dangerous items on their person or in their backpack (knives, matches, lighters, etc.)
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: _____

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, _____, 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 whose name is:

_____, 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