

H.E.A.R.T.H. Membership Form

2010/2011 School Year

Parent's Name

Email address

Parent's Name

Email address

Phone Number: _____

Mailing address: _____

What curriculum do you use? _____

What form of evaluation do you use (Standardized testing, portfolio, evaluator)? _____

- Please indicate if you do NOT wish for any of the above information to appear in the H.E.A.R.T.H. Directory

Child's Name

Birthdate

_____	_____
_____	_____
_____	_____

- If you have teenage children who babysit and would like them listed in the Babysitter section of the Directory, please indicate by their name.

If you would like to participate in the activities below, please indicate the category with which you are willing to assist (you may check more than one):

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Classes | <input type="checkbox"/> Fellowship Activities |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Parental Support |
| <input type="checkbox"/> Clubs | |

Medical Release Agreement

Acting as the parent or legal guardian, I retain full liability for any physical injury to my children which occurs during participation in any H.E.A.R.T.H. event or activity during the school year indicated above. If I am unable to remain with my child(ren), I will make arrangements in advance with another parent in attendance to supervise my child(ren) Further, I hereby give H.E.A.R.T.H. permission to render such medical and hospital care as, in their judgment, may seem advisable to my child(ren) in the event of illness, injury of accident.

I have reviewed and discussed the Standards of Conduct with my family and agree to abide by them.

(Parent Signature)

(Date)

(Cell or emergency phone #)

(Parent Signature)

(Date)

Annual membership dues are \$30.00. Please remit to:

H.E.A.R.T.H. Inc.
P.O. Box 1506
Front Royal, VA 22630