

HELENA HOMESCHOOL ENRICHMENT CO-OP APPLICATION

Mother's Name: _____ Father's Name: _____

Address: _____ Address (if different): _____

City/State/Zip: _____ City/State/Zip (if different): _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____

Email: _____ Email: _____

Will this parent participate? YES / NO Will this parent participate? YES / NO

Other Participating Adult:

Name: _____ Relation to Child: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact:

Name: _____ Relation to Child: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Student Name(s): _____ Month and Year of Birth: _____ Allergies or Behavioral Problems? _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional information you would like us to know:

The following questions are part of the membership process in order to provide a safe & secure environment for our children and youth. All information will be held strictly confidential. Thank you for your understanding.

- Has any family member ever been convicted of, or are currently under investigation for any sexually related crimes? **Yes** **No**
- Has any family member ever been convicted of or are currently under investigation for any abuse related crimes? **Yes** **No**

If you answered "yes" to any of the above questions, please explain: _____

MEDICAL HEALTH STATEMENT AND CONSENT FOR MEDICAL TREATMENT

Through this document, we give permission for our child(ren) to participate in HHEC and to certify that there are no health issues that would preclude my child(ren) from participating in HHEC. As the parents or legal guardians of the above named child(ren), we hereby consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. The care may be given under whatever conditions are necessary to preserve the life, limb, or well being of our dependent(s).

Signature of Mother or Guardian: _____ Date: _____

Signature of Father or Guardian: _____ Date: _____

In signing this application and submitting it for admission to HHEC, we understand that we are committing to Helena Homeschool Enrichment Co-op and all the terms outlined in the HHEC handbook.

To the best of our knowledge, all of the information and statements we have provided in this application are true. We also understand that admission of our family to HHEC is not guaranteed and must be approved by the Administrative Team.

Signature of Mother or Guardian: _____ Date: _____

Signature of Father or Guardian: _____ Date: _____

I, the undersigned, understand that my participation and the participation of any member(s) of my family, in this co-op, is completely voluntary, and we hereby give permission for myself and my family to join those functions or programs. My family shall hold harmless this co-op and its volunteers or representatives, and/or the providers of any function or program locations and/or materials from any liability and/or responsibility for any accident, illness or injury that occurs during or as a result of any function or program. I accept the final responsibility for my safety and that of my family rests with me.

Signature of Mother or Guardian: _____ Date: _____

Signature of Father or Guardian: _____ Date: _____