

HEARTS for the Lord
REGISTRATION FORM – School Year 2009-2010

Send to Linda Menke, 113 Red Oak Lane, Sterling, VA 20164
(Registration must be received by August 20th to receive the first newsletter of the year)

Parents' Names _____
Address _____
Home Phone # _____
E-mail Address _____
Your Church _____

<u>Homeschooled Children in Grades 7-12:</u>			<u>E-Mail Address</u>
<u>Name</u>	<u>Grade</u>	<u>Birthdate</u>	<u>(If different from above)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COSTS: Full Membership includes access to ALL Hearts programs including classes, sports, and graduation and costs \$45/family. A Mixed Membership includes access to Sports AND Graduation but not to any classes and costs \$40/family. A Limited Membership is available for access to Sports Only OR Graduation Only. Access to HEARTS social and ministry activities, the website and monthly newsletters is included in all three types of membership and is available for every registered student. In addition to the family registration fee, there is a per student liability insurance fee (based on what you sign up for). There may be some additional costs for certain social activities. Class tuition and sports program costs are addressed separately. Costs for sports programs will be addressed at the start of each season. If any of this confuses you, please e-mail the Registrar at mrsmenk@starpower.net

REGISTRATION: To register for Mixed or Limited Membership, complete pages 3-8 of this packet. To register for classes, complete pages 3-15. Submit registration pages along with payment to our Registrar. Once processed, you will receive an e-mail from our Registrar confirming your membership, volunteer position, and, if selected, classes. If you have questions concerning the registration process, you can contact Linda Menke at 703-437-4544 or mrsmenk@starpower.net.

Please initial in front of each statement below as indication that you are in agreement with that statement:

___ We have read and agree to the [HEARTS Statement of Faith](#) and testify that we (at least one parent and all registered students) have been saved by faith, through the grace of God, as a result of personally accepting Jesus Christ as Lord and Savior. **(Agreement of one parent and all registered students is required for HEARTS membership.)**

___ We and our children have read the [HEARTS Standards of Conduct](#) and agree to abide by those standards. **(Agreement required by both parents and all students for HEARTS membership.)**

___ We and our children have read the Class [Registration](#) Procedures and [Class Policies](#) and agree to abide by those requirements. **(Agreement required by both parents and all students attending HEARTS classes.)**

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COMPUTING YOUR REGISTRATION AND INSURANCE COSTS

Registration: Check which fee applies to your family. Remember that social and ministry activities, the website and the newsletter are included with a any of the membership options below.

_____ \$45 for Full Membership (includes ALL HEARTS programs, including Classes)

_____ \$40 for Mixed Membership for Sports AND Graduation but NO Classes

_____ \$20 for Limited Membership for EITHER Sports Only or Graduation Only

_____ HEARTS membership fee waived due to:

_____ Financial hardship (contact Linda Menke for more info)

_____ In full-time Christian ministry (insurance fee per child still due)

_____ On HEARTS Planning Committee (insurance fee per child still due)

_____ Serve as a teacher for HEARTS classes OR coach for sports activity (insurance fee per child still due)

Family Registration Fee Owed: _____

Insurance Fees per teen: Please enclose the following amounts per teen, depending on what HEARTS activities each will be involved in:

SPORTS ONLY \$12 X _____ (No. of teens) = _____

CLASSES ONLY - \$18 X _____ (No. of teens) = _____

SPORTS & CLASSES: \$28 X _____ (No. of teens) = _____

Total Insurance Fee: _____

Now add your Family Registration Fee and your Total Insurance Fee and this is your Total Registration Fee. **Make your check out to Enid Trevithick** (our treasurer) and mail everything to Linda Menke (address at the top of this form).

You also have the opportunity to donate to our scholarship fund. This fund helps pay costs for students whose parents cannot afford tuition. An easy way to donate is just to round your costs up to the nearest nice round number. If you choose to do this, please note it in the space below. Thanks.

**We are enclosing an additional donation of \$_____ for the HEARTS Financial Aid Fund

Registration Fee: _____

Insurance Fee: _____

Donation: _____

Total: _____

Check No. _____

HEARTS EMERGENCY CONTACT INFORMATION &
MEDICAL CONSENT FORM

Complete one form for each registered HEARTS student

Student Name: _____

Mom's Cell _____ Mom's Work _____

Dad's Cell _____ Dad's Work _____

Alternate Emergency Contact Name _____

Address _____

PHONE: Home _____ Cell _____ Work _____

Medical Conditions: _____

Allergies: _____

Medications: _____

Preferred Doctor Name: _____ Phone: _____

Insurance Company _____

Member Number _____ Group Number _____

Phone Number _____ Subscribers SSN _____

MEDICAL CONSENT/RELEASE

As the parent/legal guardian of _____, I hereby give my consent that in my absence, if I cannot be reached by telephone, the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment in the event of an accidental injury or illness. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment on the above minor as they deem reasonably necessary. I have not been given a guarantee as to the results of examination or treatment. I also assume responsibility for the payment of any such treatment. I absolve HEARTS and its representatives from liability in acting on my behalf.

I recognize and acknowledge there is no accident coverage nor is there any medical payments coverage available to me in order to compensate me for expenses I incur from deductibles, co-payments, prescription drugs, or medical services not covered through my own health insurance provider(s) for any injury my child sustains as a result participation in HEARTS activities. I agree that any medical coverage(s) I have will be primary and under no circumstance will I seek any contribution from HEARTS, or its insurer, for any medical expenses.

Signed
(parent/guardian): _____ Date: _____

