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|  |  |  |
| Date |  | Student Name |
|  |  |  |
| Parent Number  |  | High School and Grade |
|  |
|  |  |  |  |  |
| Home Phone | Cell Phone | Email Address |
|  |
| Address |
|  |  |  |  |  |
| City |  | State. |  | ZIP Code |
|  |
| Parent Name and Cell Phone |
|  |  |  |
| DOB |  | Gender |
|  |  |  |
| Emergency Contact Name & Number  |  | Emergency Contact Relationship |
|  |  |  |
| Student Allergies |  | Student Physician & Number |
|  |  |  |
| Preferred Hospital |  | Dentist Name & Number |

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Acknowledgement: My signature here confirms that I have read and reviewed the S.L.A.Y. policy brouchure and agree with it. I hereby agree to comply with these requirements including the course fee. My signature confirms that I agree to pay Hosanna House Enterprises for all services rendered. I shall also be responsible for any attorney fees required to collect of these services to which may be added interest at the current legal rate. I hereby understand that I am responsible for all charges not otherwise paid by scholarship (Ohio ACE). I hereby certify that any information which I have provided is true and correct.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_