

HEArts Enrollment Form

The Harmony House® ~ Home of the Arts
Director: Heidi Truitt, Email: heidi@theharmonyhouse.net

Please return the completed enrollment form with a non-refundable registration fee.
(See current HEArts Tuition information).

Please make your payment to: *The Harmony House*. In the memo, please write 'HEArts Registration Fee'.

Today's Date: _____

Parent's Name(s): _____

Address/Zip: _____

Home Phone: _____ Work Phone: _____

Cell-Dad: _____ Cell-Mom: _____

Email Address: _____

Student's Name(s):	Birth Date/Age:	Grade:	List 1 st thru 4 th period classes:
_____	_____/____	_____	1. _____ 2. _____ 3. _____ 4. _____
_____	_____/____	_____	1. _____ 2. _____ 3. _____ 4. _____
_____	_____/____	_____	1. _____ 2. _____ 3. _____ 4. _____
_____	_____/____	_____	1. _____ 2. _____ 3. _____ 4. _____

Grade level each child is comfortably working at:

Student Name	Math	Language Arts
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referred by (name/email/phone): _____

For the following questions, please use the back if necessary. (Not for returning students, for new students only)
Has your child ever been asked to meet with an administrator/principal or asked to leave a group, school or organization due to behavioral issues? _____

In what extracurricular activities and/or supplemental coursework is your child enrolled? _____

Are there any emotional, social, academic or medical issues of which we should be aware? If so, please list. You may use the back if needed. _____

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(continued)

Please list three references. The references should be individuals who have had a leadership or teaching role in your child's life; for example: Sunday School teacher, AWANA leader, ballet teacher, piano teacher, soccer coach, school teacher...)

Name	Address	Phone	Email
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Name	Address	Phone	Email
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Name	Address	Phone	Email
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Who has permission to pick up your child/ren?

Who does not have permission to pick up your child/ren?

In what homeschool programs or classes have you participated?

I agree to follow the admissions policies as outlined in the school catalog.

Parent Signature	Date	Student Signature	Date
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The Harmony House® ~ Home of the Arts Medical Form

(Valid for one year from date of signature of parent/guardian)

Name of youth: _____ Gender _____ Grade _____ DOB _____

Parent/Guardian: _____

Address/ZIP: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Persons to notify in emergency if parents or guardians cannot be reached:

1) _____ Relationship to child: _____ Phone: _____

2) _____ Relationship to child: _____ Phone: _____

Insurance Company: _____ Identification#: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Date of last tetanus shot: _____

Known drug allergies: _____

Write "YES" on the line to any and all of the following that apply to your child:

Allergies _____ Bee Stings _____ Insect Bites _____ Foods _____

Asthma _____ Fainting _____ Hives _____ Poison Ivy or Oak _____

Other allergies or conditions _____

If any of the above are "YES", please submit a statement of how the child has been treated and with what medication. Please list any other special information of which we should be aware (i.e. diabetes, epilepsy, etc.):

Any youth who might require medication while attending an event sponsored by The Harmony House must supply the following information. Name of medication: _____

Reasons for taking medication: _____

Date(s), time(s), and amount or dosage: _____

I give permission for this medication to be dispensed to my child by an adult volunteer or staff member. Yes No

I give permission to dispense Tylenol (acetaminophen) and/or ibuprofen to my child for pain or fever. Yes No

Medical Treatment and Release Form:

I understand that if my child is attending an event with The Harmony House (THH), in the event that he/she is involved in an accident or becomes ill, the adult staff or volunteers of THH will attempt to reach me. If the adult staff or volunteers are unable to reach me, I hereby give permission to them to obtain needed medical treatment for my child from any medical practitioner or at any medical facility. I agree that I will be financially responsible for any such medical treatment. I also understand that THH staff and volunteers will take all reasonable steps to ensure the safety of my child. However, accidents do sometimes occur. Therefore, I release THH, its staff members and all volunteers from any liability related to my child participating in any THH activities. My release is given on behalf of all parents, relatives, guardians, and others interested in my child. I further agree to indemnify THH for any judgments or other expenses it may incur due to my child participating in THH activities. I understand this medical treatment and release form is valid for one year from the date of the parent/guardian signature. Therefore I will update it if there are any changes in the information given above during this time period.

Signature of Parent/Guardian Date

The Harmony House® ~ Home of the Arts

Health Waiver, Conduct, Consent & Release Agreement For All Activities

Please **Initial** All Boxes:

HEALTH WAIVER

- I understand I/my child is engaging voluntarily in exercise, physical activity and/or recreational programs.
- It is my responsibility to monitor my/child's own condition throughout any activity or program and, should any unusual symptoms occur, I/my child will cease participation and inform the instructor/coach/director and staff of the symptoms.
- In the event that a medical clearance must be obtained prior to my/child's participation in a physical activity program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any program. I agree to assume the natural risks associated with exercise, sports and physical activity.

REGARDING YOUR CONDUCT

- I understand that use of violence, noise, force, coercion, threats, intimidation, unsafe conduct regarding children, fear, resistance, insults, or other conduct, intentionally or unintentionally causing disruption or preventing participants ability to enjoy their experience or staff's and/or volunteer's ability to conduct a program or their job duties by either a child or a parent, is not acceptable behavior, is in conflict with HEArts and The Harmony House's values, and may result in termination from the program and future programs.

CONSEQUENCES

1st offense - Adult in charge will talk with the individual/student about his/her misbehavior.

2nd offense - Adult in charge will talk with the individual/student about his/her misbehavior. HEArts Leadership and Parent will be notified.

3rd offense - Adult in charge will talk with the individual/student about his/her misbehavior. HEArts Leadership will be notified. Leadership will speak/and or meet with the parent and student regarding the misbehavior and dismissal from the class/HEArts will result.

We are a Grace-filled center that first looks at the child's heart when making decisions on the actions/behavior of a child.

YOUR CONSENT AND RELEASE

- I HEREBY AGREE TO RELEASE AND HOLD HARMLESS HEArts/The Harmony House, its employees and volunteers, from any loss, liability, claim of bodily injury or property damage, or costs which may arise due to my use of the facilities or any facilities where programs are conducted and equipment and my participation in programs. This agreement shall be governed by the laws of Georgia.
- I authorize the use and reproduction of any and all photographs or video footage for HEArts/The Harmony House for promotional purposes including but not limited to print, video, the internet, and social media.
- By signing this form, I agree that I have read this entire form and understand my responsibilities for participation and conduct in HEArts and The Harmony House programs and activities.

Signature _____

Name (Please Print) _____ Date _____

Spouse _____

Name(s) of Child/Children _____