

Sign Up Form

We would like to sign up our child/children _____ for Hopewell Primary School , a ministry of ARCHERS for the Lord, inc, for the 2017-2018 school year. Send the first 4 forms and application fee (\$25 per family) to ARCHERS, P. O. Box 2524, Cartersville, GA 30120.) Medical history form may be submitted any time before the beginning of school in the fall.

We, the parents, agree that we have read and understood all policies concerning payment and participation, and agree to abide by them. We further state that we are committed to continue with the program for the entire school term unless there are significant changes in our circumstances, such as the loss of a job or a required move out of the area. Following an interview with the director, the registration fee of \$100 per child (reduced to \$50 for the second child) will be due. Tuition of \$450 per month, starting in August, 2017, will be due the first week of the month for ten months. Tuition will be reduced to \$425 per month for the second child in the family. Note: Please copy this page for a second child and submit with the other forms.

Names of custodial parents: _____

Names of other biological parents who are not custodial:

Are all of the above allowed to pick up and transport children to and from school? Yes ___ No___

If no, please explain.

Student's name: _____

Birthdate: _____

Transferring from: (name of school and grade completed): _____

Any special needs we should be aware of:

Your address: _____

Your home phone number: _____

Your email: _____

Your cell phone. _____

Medical/Legal Liability Release Form

(This form may not be altered in any form, and must be signed by at least one custodial parent before children are allowed to participate in activities sponsored by ARCHERS for the Lord®, Inc., whether or not parents remain with their children at the activity. No exceptions.)

In the event of a medical emergency while in attendance at any function connected with ARCHERS for the Lord®, Inc. and/or Hopewell Primary School, I hereby authorize any adult leader who is present at the time to obtain necessary medical care. (We will attempt to contact parents first, but reserve the right to seek medical care in emergency situations without further authorization.) I further understand that, as parents, we will bear ultimate responsibility for the payment of any medical bills. I agree to hold the ARCHERS national organization, ARCHERS for the Lord®, Inc, the ARCHERS for the Lord®, Inc board members, Hopewell Baptist Church and all adults associated with this program harmless for any legal or medical liability, regardless of nature or kind, that could result from our family's participation in any activity associated with the organization.

Names of Parents: _____

Name(s) and dates of birth of children:

Best phone numbers to call: (Provide two if possible)

Any allergies or medications we should know about?

Signed X _____

Date _____

Name and phone number of emergency contact other than the parent

Name and phone number of family doctor, if you have one

Insurance Company and Policy Number

Note: Parents will also be asked to submit a medical form with vaccinations and medical history with all required vaccinations. If parents object to vaccination on religious or medical grounds, they must fill out an exemption form and submit it prior to the start of school. Unvaccinated students may be asked to remain at home during outbreaks of disease, per state law.

A Hold Harmless Agreement

Hopewell Baptist Church

Release and Acknowledgement of Risks:

I, _____, understand and acknowledge that the activity to be engaged in brings both known and unanticipated risks to myself and/or my minor child. Those risks could result in injury, emotional distress, and/or property damage to myself and/or my minor child.

I voluntarily release, indemnify, hold harmless, and discharge Hopewell Baptist Church of Canton, Georgia, (hereinafter collectively referred to as HBC), from any and all liability, claims, demands, actions, or rights of actions whether personal to me or to a third party which are related to, arise from, or are in any way connected with my use of the facilities, including those allegedly attributable to negligent acts or omissions. I agree to reimburse any reasonable attorney's fees and costs which may be incurred by HBC in the defense of any such liability claim, demand, action, or right of action.

I acknowledge that I have adequate liability insurance to cover any bodily injury or property damage which might occur to myself and/or my minor child from use of the facilities or else I agree to bear the cost of such injury or damage myself.

I acknowledge and certify that I have had a sufficient opportunity to read this entire document, that I understand its content, and that I execute it freely, intelligently, and without duress of any kind and agree to be bound to its terms.

This agreement begins 7/1/2017 and terminates on 6/30/2018 and covers all meetings held under the aforementioned group name on any property of HBC.

Please print name

Date

X _____

Signature

Contact phone number

Child/Children's name(s) if under 18

Date(s) of Birth

Statement of Faith

At least one custodial parent must either sign this statement of faith OR fill in and sign the section at the bottom.

"I hereby declare that I have personally accepted Jesus Christ as my Lord and Savior, and am doing my best to live my life in accordance with the standards and principles found in the Old and New Testaments of the Christian Bible."

Printed Name

X _____

Signature

Date

If you choose not to sign the above statement of faith, you will need to read, fill in, and sign the following:

Our family either can not or does not wish to sign the above statement of faith

Please indicate briefly why you do not wish to sign the statement. If you have a specific religious affiliation or belief system other than Christianity, please explain briefly.

"I understand that we are enrolling our child in a nondenominational Christian environment, which may have significant Christian content in the materials used, and in which the teachers may be sharing their own beliefs with the children. I agree that our standards of dress, behavior, language, and general deportment will be appropriate for the Christian environment we are entering by choice, and understand that failure to follow the standards as set forth in the school handbook may be grounds for being asked to leave, with no refund of monies already paid."

Printed Name

X _____

Signature

Date

Medical History (2 pages)

(May be filled out and submitted after student is admitted and before school begins in the fall.)

Name of student; _____

Date of Birth: _____

Name of physician and contact information: _____

Medical History:

Please list any hospitalizations and/or operations, with dates and reasons

List vaccinations received, and dates: (if all vaccinations required by law have not been received, students must either receive them prior to school entrance or parents must submit a religious or medical exemption form. Note that medical exemption forms must be re-submitted each year, but not religious exemption forms.)

Name of Child: _____

List any known allergies. Please be specific concerning type and intensity of known reactions.

Is the student receiving any medication on a regular basis? If so, list and be specific as to the type and reason for the medication.

Is there any medication that the school staff is expected to dispense during the school day? (Note; primary age students are not allowed to self-medicate while on school grounds). If there is any such medication, please list and give specifics. By providing this information and giving the staff the medicine, you are agreeing to allow dispensation by school personnel and waiving any rights to legal action as a result of the providing of this service.

Has any medical or professional person issued any sort of diagnosis for this child that we should be aware of? If so, what?

Is there anything else we should know about your child’s medical or behavioral history that would help us to better serve your child?

Signed: _____

Dated: _____