

# EMERGENCY CONTACT INFORMATION AND CONSENT FORM

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## PARENT/GUARDIAN 1

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALTERNATE PHONES: \_\_\_\_\_

## PARENT/GUARDIAN 2

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## EMERGENCY CONTACTS (to whom child may be released if parent is unavailable)

NAME 1: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME 2: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME 3: \_\_\_\_\_ PHONE: \_\_\_\_\_

## PREFERRED SOURCES OF MEDICAL CARE

PHYSICIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED HOSPITAL: \_\_\_\_\_

AMBULANCE SERVICE: \_\_\_\_\_

## CHILD'S HEALTH INSURANCE

INSURANCE PLAN: \_\_\_\_\_ ID # \_\_\_\_\_

SUBSCRIBER'S NAME ON INSURANCE CARD \_\_\_\_\_

## SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES:

AS PARENT/GUARDIAN, I CONSENT TO HAVE MY CHILD RECEIVE FIRST AID BY FACILITY STAFF OR VOLUNTEERS AND, IF NECESSARY, BE TRANSPORTED TO RECEIVE EMERGENCY CARE. I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY INSURANCE. I CONSENT FOR THE EMERGENCY CONTACT PERSON LISTED ABOVE TO ACT ON MY BEHALF UNTIL I AM AVAILABLE.

PARENT/GUADIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Volunteer and Enrichment Course Information

**Volunteers** will help as needed at least once per week in return for reduced tuition.

Volunteer Shifts are as follows:

830am-12pm: Morning set up through the academic portion of the day

12pm-330pm: Lunch/Recess monitoring through end of day clean up

**Enrichment Course Leaders** will lead at least one block of enrichment sessions each week in return for reduced tuition. Enrichment course blocks consist of two consecutive sessions from 1pm-3pm and leaders will need to arrive in time for set up and stay for clean up of their area.

Please list your desired shifts and/or enrichment course contributions below.

I would like to volunteer for the \_\_\_\_\_ shift once per week.

I am open to volunteering for more than one shift per week. (circle one) YES NO

I would like to lead \_\_\_\_\_ enrichment course once per week.

I am open to leading more than one block per week. (circle one) YES NO

Additional Comments or Ideas:

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Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

# Warda Foundation Homeschool Academy

## Payment Arrangement 2021-2022

Child's Name \_\_\_\_\_

\_\_\_\_\_ Full Tuition: \$4500 for school year

\_\_\_\_\_ Pay in full by September 7, 2021

\_\_\_\_\_ Pay \$2300 by September 7, 2021 and \$2300 by February 1, 2022

\_\_\_\_\_ Pay \$525 by September 7, 2021 and the 1<sup>st</sup> of each month  
through May 1, 2022

\_\_\_\_\_ Volunteer\* Tuition: \$3000 for school year

\_\_\_\_\_ Pay in full by September 7, 2021

\_\_\_\_\_ Pay \$1575 by September 7, 2021 and \$1575 by February 1, 2022

\_\_\_\_\_ Pay \$375 by September 7, 2021 and the 1<sup>st</sup> of each month  
through May 1, 2022

\_\_\_\_\_ Staff/Committee Tuition: \$2500 for school year

\_\_\_\_\_ Pay in full by September 7, 2021

\_\_\_\_\_ Pay \$1300 by September 7, 2021 and \$1300 by February 1, 2022

\_\_\_\_\_ Pay \$300 by September 7, 2021 and the 1<sup>st</sup> of each month  
through May 1, 2022

By signing, I agree to make payments no later than dates listed. I understand that failure to pay on time, may result in losing my child's spot for the remainder of the school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Volunteers will help as needed, at least one shift per week or lead at least one enrichment block each week (including set up and clean up) throughout school year.

