

G.I.F.T. Membership Registration

(Family Last Name)

Please complete this form and the Class enrollment form and send them by July 31st 2011 with the \$45 registration fee to: G.I.F.T. Registrar, P.O. Box 1055 Elgin, IL 60121-1055. Make checks payable to G.I.F.T. (Registration fee is non-refundable.)

Family Last Name: _____

Father's name: _____ Mother's name: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ used as main contact for emergencies and cancellations.

Alternate number: _____ E-mail: _____

Students and all children you will bring to G.I.F.T.

First and Last name

Birthday

Allergies/Needs

M/F

<i>First and Last name</i>	<i>Birthday</i>	<i>Allergies/Needs</i>	<i>M/F</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Registration fee: \$45.00 Due with this form.

MEDICAL RELEASE

I _____, the parent of _____ (names of all minors present) give permission for my child(ren) to be treated in case of an emergency. I do not hold G.I.F.T. or Church of the Brethren responsible for any injuries that may occur to my child(ren) while on the premises.

Signed: _____ Date: _____

Relationship: _____ Emergency Phone Number: _____

Child's Physician's Name: _____ Phone Number: _____

Effective date: June 2011 through May 2012.

INSURANCE WAIVER

I give my child(ren) permission to participate in this program or activity and hereby waive, release and forever discharge any and all claims or responsibility of G.I.F.T., the church or premises, employees, volunteers, officers, or agents for damages or injuries which may arise to my child(ren) and/or any child(ren) under my care. Signed: _____ Date: _____

POLICY ACCEPTANCE

I have read, understand, and agree to follow all the policies found at www.gifthomeschool.org

Signed: _____ Date: _____