

High Tower Home School Ministries

A Ministry of Joy Christian Fellowship,
in association with High Tower Learning Center
2008-2009 School Year Registration / Release Form

Parent(s)/ Legal Guardian(s): _____

Student(s): _____ Grade(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact and Phone Number: _____

Please Initial the Following:

- ❖ _____ I give my permission for my student(s) to participate in all High Tower Home School Ministries activities.

- ❖ _____ In the unlikely event that my child is injured or becomes sick, I give my full permission for the adult(s) in charge to seek out and authorize appropriate emergency medical treatment.

- ❖ _____ I release Joy Christian Fellowship and/or its staff from any liability that may arise from my child's actions that may harm property, himself/herself or others that are participating in these activities.

- ❖ _____ I give my permission for my student(s) to ride the bus or in other designated vehicles for the various field trips.

- ❖ _____ I realize that Joy Christian Fellowship is not responsible for these activities but that they are parent-supported and parent-sponsored. Joy Christian Fellowship is donating the use of their facilities for the use of the homeschoolers and their parents.

Print Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date