

# S.H.I.N.E. 4 HIM 2011/2012

## Application Form

www.shine4him.com

Last Name: \_\_\_\_\_ Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M / F Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Do you text? \_\_\_\_\_

Other Daytime Phone #: \_\_\_\_\_

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

Preferred method of contact? (circle one) Email / Home Phone / Cell Phone / Texting

Emergency Contact: (other than parent or guardian)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_

Previous home-school/volunteer group: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous home-school/volunteer group: \_\_\_\_\_ Phone #: \_\_\_\_\_

To Whom It May Concern:

- The undersigned hereby gives permission for the person(s) above to attend and participate in the S.H.I.N.E. 4 HIM HOMESCHOOL GROUP, at EVERGREEN CHURCH in Springfield, MO. and representatives for the purpose of authorizing and consenting to medical and/or hospital treatment for the person(s) listed above. This representation is for any illness or injury that may occur in the care and custody of the coordinators while I am not immediately available to give consent.
- I realize this group activity is well planned and all precautions are taken to prevent any accidents. However, I will not hold the S.H.I.N.E. 4 HIMHOMESCHOOL GROUP or EVERGREEN CHURCH of Springfield, MO, responsible for any accident, personal injury, or loss of property.
- I have read the above and agree to all terms and statements listed.

\_\_\_\_\_  
Sign (parent/guardian)

\_\_\_\_\_  
Date

Classes I am interested in teaching:

Class: \_\_\_\_\_ Ages appropriate for: \_\_\_\_\_

Class: \_\_\_\_\_ Ages appropriate for: \_\_\_\_\_

Class: \_\_\_\_\_ Ages appropriate for: \_\_\_\_\_