

advertising, trade or any other purpose whatsoever.

Registration Information

Name	Date of Birth
Last First Middle	
	P.O. Box (if mailing address is different)
Address	Condor: Malo Fomalo
City State	Gender: Male Female Zip
•	School:
email:	Individualized Education Program Yes No
Cell Phone:	Cell Phone:
Mother:	Father:
Is parent or guardian in the military or retired military?	
List others authorized to pick up (MUST present Identif	fication):
Emergency Contact:	Phone:
In an Emergency, is HAFK authored to provide medical	
Any Allergies/Medical Conditions/ADHD? Yes	
Explain any behavioral needs your child has	
	For Office Use Only: Transport Yes No
parents or guardians, if Participant is a minor), and may refollowing: sickness, bodily injury, death, emotional injury consideration for the opportunity to participate in the activation parent/guardian if Participant is a minor) acknowledges attransportation to and from the Activity. The Participant (any injury or other loss sustained during the Activity or demodical treatment rendered to the Participant that is autuany other representatives (collectively referred to herein Further, the Participant (or parent/guardian) releases and Activity Sponsor for any injury arising directly or indirectly Activity, whether such injury arises out of the negligence over this agreement or any claim for damages arises, the through a mutually acceptable alternative dispute resolutions.	and accepts the risks of injury associated with participation in and or parent/guardian) accepts personal financial responsibility for uring transportation to and from the activity, as well as for any thorized by the Sponsor or its agents, employees, volunteers, or after as the "Activity Sponsor"). Independent of the described Activity or transportation to and from the of the Activity Sponsor, the Participant, or otherwise. If a dispute Participant (or parent/guardian) agrees to resolve the matter tion process. If the Participant (or parent/guardian) and the lispute will be submitted to a three-member arbitration panel for
Signature	Date School Year
9	of this minor child's name, portrait or picture for art, editorial,



Parent/Student Quick Reference Sheet

ATTENDANCE: Students are expected to arrive/depart on time to maintain enrollment.

If your child is absent or has a change in arrival/departure plan, the parent/guardian MUST call HAFK before noon on the day your child attends.

- o If no call no is received, your child will be marked unexcused.
- o After 3 **unexcused** absences in an academic year, your child will be terminated from the program.
- o End of year awards for perfect attendance.

PROGRAM TIMES: Afterschool, 1 day a week Monday -Thursday (PreK-5th). Friday - Middle & High School

- o Program ends at 5:30 for preschool; 6:15 for elementary; 7:30 for Middle/High School
- Students will not be allowed to leave early /arrive late (ex: sports/extracurricular activity)
- o Schedule non-emergent appointments on another day.
- Students will be released only to those "authorized to pick-up" by the parent on the student registration form. A picture ID is required.

BEHAVIOR: Students are expected to always respect students and volunteers.

- Profane language, disrespect and bullying are never permitted. Also, hitting, kicking or aggressive behavior is not allowed.
- o Middle/High School students must sign and adhere to youth pledge.

ACADEMICS:

- Students are required to bring in their homework assignments every week.
- o Only school approved websites are allowed for student's use during computer lab.
- Students should bring school report cards when issued (office will copy & return).

OTHER:

- Student will be dropped off only at the home address on their registration form. In case of an emergency, please contact HAFK for special consideration.
- Soliciting or fundraising requests are not allowed (school, clubs, etc.)
- Cell phones will not be allowed. The office number is available for calls.
- No outside food or drinks are allowed. (no special diet requests please)
- o In case of INCLEMENT WEATHER, HAFK follows County Schools.
- Notify HAFK of any address and/or phone change within 24 hours.
- o Text: ALERT to 22300 to receive text messages from OneCall Now

I have read, understand and accept the rules & consequences established at HAFK. I understand the rules are in place to aid in providing an enjoyable and safe learning environment for the children.

Parent/Guardian Signature	Date	
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Transportation Authorization

Student Name:
I give permission for Hope Academy for Kids to transport my child to HAFK from School the day my child attends:
MondayTuesday Wednesday Thursday Friday
I give permission for my child to be transported to and/or from HAFK to/from my home or other address
designated by me as long as my child is participating in a HAFK sponsored program.
I give permission for my child to be transported to/from HAFK while my child is participating in a HAFK field trip.
In certain cases, transported by personal vehicle/HAFK volunteer.
School your child attends:
Elementary
Middle/High School
Other:
Parent/Guardian Printed Name Phone
Parent/Guardian Signature Date