



# Courage Hope Care Institute, Inc.

Please return the completed and signed form to Dr. Lan Joo

Please check the time your child will attend the class: TUESDAY  3:30 PM  4:30 PM

## STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Circle one: M / F Age: \_\_\_\_\_ Student's School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's allergies (peanuts, chocolate, etc.): \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_ work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ work/cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact 1 (Relation to child): \_\_\_\_\_

Emergency Contact 2 (Relation to child): \_\_\_\_\_

Parents must arrange transportation to the Courage Hope Institute, Inc.'s class location and must pick up each child promptly at end time. Our policies do not allow C.H.C. instructors and volunteers to remain after class. If your child is not picked up immediately after class three times throughout the school year, he/she will not be allowed to continue attending. Thank you for understanding.

PERMISSION FOR PICK UP - in addition to those listed above, the following people are allowed to pick up my child:

- 1) Name \_\_\_\_\_ Phone \_\_\_\_\_
- 2) Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ (child's name) is allowed to attend the Courage Hope Institute, Inc. at THEARC after school every Tuesday if there has been a full day of school. Class will run during the school year. I understand it is my responsibility to pick up my child at the end of class, and failure to do so will jeopardize my child's continued participation.

Initial \_\_\_\_\_

Waiver and Release: The student and parents understand and agree that the C.H.C. institute, Inc. and its instructors, members, volunteers, and DCPL are not responsible and are hereby released from any liability, claim, loss, including loss of property, damage, and personal injury occurring on the premises or coming to or from the school as well as during the class.

Initial \_\_\_\_\_

OPTIONAL Photography and Video Release  
Courage Hope Institute, Inc. may, from time to time, document the activities of the ministry with photos or videos. I hereby assign and grant to Courage Hope Institute, Inc., its subsidiaries and successors, and assign the unqualified right to the ownership, use and proceeds of all photographs or video of me or my minor child, without reservation or limitation, including use of photographs or video of me or my minor child for, but not limited to, advertising, educational and promotional purposes.

Initial \_\_\_\_\_

\*If your child is unable to adhere to our behavioral expectations after three warnings, they will be subject to removal from the program.

Parent/Guardian (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

(Printed Name) \_\_\_\_\_