Hawaii Baptist Academy SUMMER SCHOOL Registration Form

Please print or type a SEPARATE registration for each student. Mail a SEPARATE check with each completed registration form to:

HAWAII BAPTIST ACADEMY, SUPPLEMENTAL PROGRAMS, 21 BATES STREET, HONOLULU, HI 96817

Student Information

Student's Last Name _____ First Name _____ Middle Initial _____ Birthdate _____ Sex _____

Grade entering _____ School currently attending _____ School attending during the next school year _____

Parent's Name _____ Who does child live with? _____

Mailing Address _____ City _____ State _____ Zip Code _____

The undersigned agrees to accept the rules and regulations of Hawaii Baptist Academy as stated in the current summer school catalog:

_____
Signature of Parent or Guardian

Emergency Phone Numbers

Mother's Name _____ Work/Cell Phone _____ Home Phone _____

Father's Name _____ Work/Cell Phone _____ Home Phone _____

Emergency Contact Person (other than parents) _____ Relationship to child _____ Address, City, Zip Code _____ Phone _____

Person (other than parents) authorized to take child from facility _____ Relationship to child _____ Phone _____

Health

Name of Physician _____ Phone Number _____

Medical Insurance Carrier _____ Policy Number (required, or form will not be processed) _____

Health and/or Educational Conditions (if none, indicate N/A) _____ Allergies (food, medicine, other) _____

In the event that neither the authorized person named above nor I am available at the time of emergency, I authorize Hawaii Baptist Academy personnel to accompany my child to nearest health care facility for medical treatment. I understand that HBA does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance. I hereby release and forever discharge HBA from any claim whatsoever which arise or may hereafter arise on account of any first aid, treatment, or service rendered to my child.

_____
Signature of Parent or Guardian Date

Permission Form

I hereby give my child permission to participate in all activities, including field trips and sports, that may be included as part of the Summer School program. I understand that neither Hawaii Baptist Academy nor the teachers or sponsors are liable for any accident or injury.

_____
Signature of Parent or Guardian Date

Registration

Course Selections	Time	Tuition	*Approval Signature	Alternate Course Selections (Required)	Time	Tuition	*Approval Signature
1.				1.			
2.				2.			
3.				3.			
4.				4.			

(Note: Students in grades 2 - 6 must select two courses.)
***Approval signatures required for High School credit courses as indicated – see catalog.**

RETURN BOTH COPIES TO HBA SUPPLEMENTAL PROGRAMS **04.08**