

Emergency and Consent Form

No Change of Information: If you have previously completed this form and your information has not changed, you need only check the corresponding box on the registration form on page 3.

Parent's Name:	Cell Phone:
Children's Names and Ages:	
Emergency Contact with phone number	
Doctor's Name and Phone	
Insurance Company, Policy Number, Group Number	
Medical Consideration or Allergies (specify child)	

Consent

_____ I give permission for my child(ren) to participate in any activity sponsored by the Omaha Homeschool Learning Center
Initial as it relates to classes that I have enrolled my child(ren) in.

_____ I waive, release, and indemnify the Omaha Homeschool Learning Center and Benson Baptist Church, its agents, director,
Initial officers, employees, and volunteers from all demands, claims, or liabilities, in law or in equity, which have arisen or may arise from any Omaha Homeschool Learning Center activity and which involves any damage, loss, or injury to me, my child(ren) named on this form or our property. In the event that I cannot be reached in an emergency during an Omaha Homeschool Learning Center activity, I hereby give my permission to the physician or dentist selected by the Learning Center supervisor to secure proper medical treatment for any of my children deemed necessary, at no expense to the church or to the Omaha Homeschool Learning Center.

Child Supervision Responsibility

_____ I understand that I am personally responsible for my child(ren)'s safety and supervision during the times that he/she is
Initial attending Omaha Homeschool Learning Center classes. In the event that I am not on the premises, I will sign out and leave an emergency contact number.

Non-Refundable Initial Payment

_____ I understand that the \$20 per class initial payment is non-refundable and can not be credited and will be applied toward
Initial the class tuition. The payment will only be refunded if the class is cancelled. If my child(ren)'s schedule changes, this payment can be transferred to another class or to another family member's class.

Signature of Parent or Guardian

Date