



MOUNT CALVARY CHRISTIAN SCHOOL

Home Education Assistance Program

The Administration and Board of Mount Calvary recognized the Biblical mandate given to parents concerning education and child training (Deuteronomy 6:6-9). Therefore in order to support those parents who have decided to educate their children full time in their home, Mount Calvary Christian School has implemented a Home Education Assistance Program as a service to parents who for particular reasons have decided to formally teach their children at home.

A. Requirements to enroll in the program:

1. Student must be registered with the school. Annual Fee: \$100.00
2. Student will be subject to all rules and regulations applicable to all Mount Calvary students.
3. Must provide proof that home schooler has been in contact with their local school superintendent and are approved to home school.
4. Complete emergency health forms.

B. Services provided:

High School & Middle School		Elementary Courses	
Single 2-credit course	\$500	Specials	\$250
Prorated if less than two credits			
1 credit course	\$250		
.5 credit course	\$125		
Athletic Participation		Achievement Testing	
Middle School Sports *	\$150	For First Student	\$50
High School Sports	Ineligible per PIAA	Each Additional Student	\$20
		PSAT Testing	\$35

*Student must be enrolled in a class to be eligible to participate in athletic team

C. Extra services provided:

1. Standardized Achievement Tests and College Board Test (PSAT) administered by Mount Calvary Christian School. When Mount Calvary Christian School schedules these tests, provision will be made to provide opportunity for home education students to take the tests as well. Mount Calvary Christian School will provide scoring.

PSAT Testing fee:	\$35.00
Stanford Achievement testing fee:	\$50.00 First Student; \$20.00 Each additional student

D. Extra services provided: No registration fee required.

1. Use of library.
Home Education students who are registered at Mount Calvary Christian School may have full use of the Library. Books must be checked out in the manner provided by the school.
2. Participation in Teacher conventions.
Home Education parents may attend the convention at the MCCA group rate.
3. School Pictures.
Home Education students may have their pictures taken on days scheduled by Mount Calvary Christian School. The same fees will be charged for pictures that apply to all students involved.

E. Graduation.

In order to receive a diploma from Mount Calvary Christian School, a student will have to be enrolled as a regular full-time student his last full year.



REGISTRATION FORM

Parent's Name _____ Date: _____

Address _____

Email address _____

List all students being enrolled:

Name	Grade Entering	Birth date	Gender	Ethnicity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Church Attending _____ Pastor _____

HOME AND WORK PHONE NUMBERS

Father:

Home _____
Cell Phone _____
Occupation _____
Employer _____
Work _____

Mother:

Home _____
Cell Phone _____
Occupation _____
Employer _____
Work _____

Alternate phone number if parents cannot be reached:

Name _____ Phone No. _____

Services you wish to be involved in at Mount Calvary Christian School.

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

***Please submit authorization from the superintendent of your local school district granting approval to home school.**

ANNUAL FIELD TRIP RELEASE/EMERGENCY MEDICAL FORM

Mount Calvary Christian School
PO Box 508, 629 Holly St.
Elizabethtown, PA 17022
717/367-1649

_____/_____
School Year

(Please fill out one form for each child. Please complete both sides of form.)

I give my permission for _____, grade _____, to participate in all sports and school-sponsored trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by providing written notice hand-delivered to the principal more than one day prior to the trip.

The school desires to provide safe and enjoyable time for all students. Despite the exercise of care, however, mishaps can occur. By the signing of this form, I acknowledge that there are risks and dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I agree to assume responsibility for those ordinary and reasonable risks associated with travel activities. I agree to hold harmless Mount Calvary Church and Mount Calvary Christian School, its affiliated organizations, employees, agents, and representatives, including volunteers and other drivers, from any and all claims arising from my child's participation.

This release agreement does not apply to claims of intentional criminal misconduct or gross negligence by the school, its employees, or volunteers. If intentional or negligent conduct is proven in a court of law, I acknowledge and agree that I will hold harmless Mount Calvary Church and Mount Calvary Christian School, and all of its affiliated organizations, for any judgment or financial liability beyond the actual amount of liability insurance in force at the time of the occurrence.

In case of accident, illness, or other emergency, I request that the school contact _____ at this telephone number: during business hours _____/after business hours _____

If the school cannot reach this person or other parent or guardian after conscientious effort, I give permission for school staff to call paramedics or any other health care provider. If a life-threatening emergency exists, I give permission for school staff to call paramedics immediately and then contact the person above as soon as possible thereafter. By the signing of this form, I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care which in the best judgment of the health care provider is deemed advisable. I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I also agree to be financially responsible for emergency medical transportation and all other costs related or associated with medical treatment.

By signing below, I acknowledge that I have read and understand the rights and responsibilities described in this form. I further acknowledge that I agree to the terms listed above and that I intend to be legally bound by the terms of this document. (If the child lives with both parents, this release must be signed by both parents/guardians.)

Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

Name Printed: _____

Name Printed: _____

Witnessed by: _____

Witnessed by: _____

PLEASE FILL OUT INFORMATION ON THE BACK →→→→→

Please provide the information requested below: **(PLEASE PRINT)**

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health insurance carrier: _____ Policy #: _____

Policy under the name of: _____ Relationship: _____

Allergies (including reactions to medication): _____

Medications being taken: _____

Preferred hospital: _____ Date of last tetanus: _____

What other physical or medical conditions should we know about? _____

Student's home phone: _____ Student's street and city: _____

Father's Employer: _____ Father's Work phone: _____

Cell phone: _____ Pager: _____

Mother's Employer: _____ Mother's Work phone: _____

Cell phone: _____ Pager: _____

In case of emergency, who should we contact if we are unable to contact the person listed above?

Name: _____ Relationship: _____ Phone: _____

Initial by the medications that you give permission for the school nurse to administer to your child only if determined to be needed.

_____ Tylenol	_____ Cough Drops
_____ Motrin/Ibuprofen	_____ Benedryl (rash, poison, stings)
_____ Tums	_____ Anbesol
_____ Neosporin Ointment	_____ Caladryl lotion (for poison)
_____ Visine eye drops	_____ Sudafed (MS/HS Only)

Signature _____

I prefer no medication be given to my child unless a parent can be reached.

Signature _____

I give permission for the school nurse to share any pertinent health information about my child to those teachers or faculty directly involved in his/her care.

Signature _____

All school announcements and other information are sent via email. Please provide your address for us.

FAMILY EMAIL ADDRESS: _____

_____ **Do not have Email.**