



EAST LIBERTY PRESBYTERIAN CHURCH
116 S. Highland Ave., Pittsburgh, PA 15206

412/441-3800 x11
www.HopeAcademy.info

2009 - 2010 REGISTRATION FORM

Please use a **SEPARATE FORM** for each student
and **PRINT** all information.

Check semester that you are registering for here:

FALL 2009 WINTER 2010 SPRING I 2010 SPRING II 2010

STUDENT: Last name _____

First name _____ Middle name _____

Description male female Age _____ Birth date _____

Grade _____ School _____

Home Phone # _____ School District _____

Parent/guardian and emergency contact. This information is required for all students attending Hope Academy. To submit this information, complete the section on the reverse side. Any information you submit will be kept confidential.

E-mail NewsFlash. To receive, write email address LEGIBLY here. _____

Please register the above student for the following course/s.

COURSE TITLE	TUITION
Registration Fee Each student who registers (even for free classes) is required to pay a \$10 registration fee per term.	Total Tuition Registration Fee \$10
Tax-deductible Donation Tuition covers only a small portion of Hope Academy's operating costs. Your tax deductible donation allows us to continue to offer high quality, affordable arts education to children and youth in our community. Families who are able, are asked to make a donation. Thank you.	Tax-deductible Donation TOTAL PAYMENT
Payment Make check (or money order) payable to "ELPC" (<i>East Liberty Presbyterian Church</i>) and include student's name on the memo line. Do not mail in cash payments. If payment by check, indicate check # here: _____.	
Agreement I have read and understand the payment and refund policies. (See back side of the Hope Academy course catalogue.) I have completed the parent/guardian and emergency contact information on the reverse side of this form. I understand that photos and/or videos of my child may be used for publicity purposes. I agree to abide by the policies of Hope Academy.	
Signature of parent or guardian _____	Date _____

Be sure to complete both sides, sign where indicated, and return with your check or money order for total payment to:

Hope Academy
c/o East Liberty Presbyterian Church, 116 South Highland Avenue, Pittsburgh, PA 15206

Parent/Guardian and Emergency Contact Information

Complete the following information which is required for all students attending Hope Academy. In case of an illness, injury or other emergency, Hope Academy will know how to reach you or the person you have authorized us to contact if you cannot be reached.

All information will be kept confidential.

Student

Last name _____

First name _____

Address _____

Home phone (____) _____

Email _____

Mother/Guardian

Name _____

Employer _____

Home phone (____) _____

Work phone (____) _____

Cell phone (____) _____

Email _____

Father/Guardian

Name _____

Employer _____

Home phone (____) _____

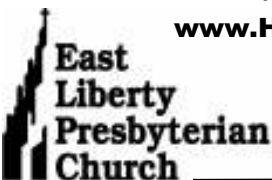
Work phone (____) _____

Cell phone (____) _____

Email _____

Allergies or Health Conditions:

**Questions? Call Hope Academy
412/441-3800 x11
www.HopeAcademy.info**



The Cathedral of Hope 116 S. Highland Ave. Pittsburgh, PA 15206

Emergency Contact

Name _____

Home phone (____) _____

Work phone (____) _____

Cell phone (____) _____

Pager number _____

Relationship _____

Optional, Secondary Mailing Address

Only if you would like duplicate notices pertaining to your child sent to another address.

Name _____

Address _____

In case my child becomes ill or injured and I cannot be contacted, Hope Academy has my permission to contact and release my child to the custody of the emergency contacts listed above.

Signature of parent or guardian

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for Hope Academy to take appropriate action for the safety and welfare of my child.

Signature of parent or guardian

For statistical purposes only.

How do you (the student) identify yourself? Check one.

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Indian (Asian) |
| <input type="checkbox"/> Bi-racial/Mixed race | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Native American Indian |
| <input type="checkbox"/> Other: _____ | |

My family is eligible for the School Lunch Program. Check one.

- Yes No Don't know