



For Office Use Only
Date Paid: _____
Amount: _____
Check #: _____

Enrollment Application

Date	Parent(s) First Name(s)	Last Name
Mailing Address	City	State, Zip
Home Phone	Mobile Phone(s)	Email
# of Years Homeschooling	Emergency Contact	Emergency Phone
Homeschool affiliation (check all that apply) <input type="checkbox"/> Private <input type="checkbox"/> Core Placer <input type="checkbox"/> PACT <input type="checkbox"/> South Sutter <input type="checkbox"/> Visions <input type="checkbox"/> Horizons <input type="checkbox"/> Sutter Peak <input type="checkbox"/> Homeschool Guild <input type="checkbox"/> Rio Valley <input type="checkbox"/> About FACE <input type="checkbox"/> Inspire <input type="checkbox"/> Summit Other _____		

Please include information for all children who will be participating in NHA programs this year.

Name	Gender	Date of Birth	Grade	Medical Alerts
	M / F			
	M / F			
	M / F			
	M / F			
	M / F			
	M / F			

Medical Release: *In the event that my child is injured while under the care of the Natomas Homeschool Alliance and requires medical attention, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary.*

Insurance Provider _____ Policy # _____

Doctor's Name _____ Phone _____

Preferred Hospital _____

Signature _____ Date _____