



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 <input type="checkbox"/> Private <input type="checkbox"/> South Sutter <input type="checkbox"/> Visions <input type="checkbox"/> Horizons <input type="checkbox"/> Sutter Peak <input type="checkbox"/> Sequoia Grove <input type="checkbox"/> Heritage Peak/Guild <input type="checkbox"/> Cottonwood <input type="checkbox"/> About FACE <input type="checkbox"/> 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 _____