**C.H.A.S.E. Academy** (Christian Homeschool Academy of Scholastic Excellence)
**Family Membership Registration Form** **2010-2011**

**Membership Option (check one): Participating □ Nonparticipating □**

**General Family Information:**

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell Phone #: _____

Email Address: _____

**Children Participating in CHASE Activities:**

| Name | Age (currently) | Date of Birth | Grade Level ('10-'11) |
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**Insurance Information:**

Responsible Party: _____ Insurance Co: _____

Policy #: _____ Group #: _____

Employer: _____

Family Doctor: _____ Phone #: _____

Preferred hospital: _____

Allergies and/or special medical conditions: _____

Emergency Contact Person(s): _____ Phone #: _____

**I have received and read the CHASE Academy Member and Teacher Handbook and I have reviewed the Handbook and Statement of Faith with my family. We agree to abide by the policies set forth in the handbook and to uphold the CHASE Academy Statement of Faith as it is expressed in the Handbook.**

Signature: _____ Date: _____