

# Venture

First Baptist Church of Colleyville Homeschool Enrichment  
2010 – 2011 Registration

Student's Full Name \_\_\_\_\_ Grade: \_\_\_\_\_

Name Used At Home \_\_\_\_\_ Male • Female • Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Mo / Day / Yr

Street \_\_\_\_\_ Age on September 1, 2009 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent's Names \_\_\_\_\_

| Course (Highschool only)* | Grade | Time* |
|---------------------------|-------|-------|
|                           |       |       |
|                           |       |       |
|                           |       |       |
|                           |       |       |
|                           |       |       |

\*(1<sup>st</sup> – 8<sup>th</sup> grade students must attend the full day!)

I understand that the registration fee is non-refundable. Registration for full time students is \$70 for the first student and \$35 for siblings. Course tuition is \$40 per month for each class and \$50 per month for Science, plus an annual lab/supply fee of \$125 (Biology only) due the first day of school. Tuition is due by the first Thursday of each month starting August, 2009 and ending March, 2010. Parents are responsible for each month's tuition in spite of absences.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE:

|                       |                                        |                          |
|-----------------------|----------------------------------------|--------------------------|
| Date Received: _____  | Personnel: _____                       |                          |
| Registration: _____   | <input type="checkbox"/> Cash          |                          |
| Total Received: _____ | <input type="checkbox"/> Check # _____ |                          |
| Sibling Name: _____   |                                        |                          |
| Age: _____            |                                        |                          |
| <b>Forms:</b>         | <b>Given</b>                           | <b>Rec'd</b>             |
| Enrollment            | <input type="checkbox"/>               | <input type="checkbox"/> |
| Auth. Pickup          | <input type="checkbox"/>               | <input type="checkbox"/> |
| Medical               | <input type="checkbox"/>               | <input type="checkbox"/> |
| Notarized             | <input type="checkbox"/>               | <input type="checkbox"/> |

Please return registration form and fee to Sonshine Office or mail to: Venture  
5405 Pleasant Run  
Colleyville, TX 76034

# Enrollment Questionnaire

Venture  
First Baptist Church of Colleyville  
5405 Pleasant Run  
Colleyville, Texas 76034  
(817) 281-4158 ext. 285  
(817) 788-5248  
FAX (817) 281-5749

## General Information:

Child's Full Name \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name Used at Home \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_ Used for emergencies only? Yes  No

Pager Number \_\_\_\_\_ Used for emergencies only? Yes  No

Email Address \_\_\_\_\_

## Business Information:

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_  
(street) (city) (zip)

Business Phone \_\_\_\_\_ Pager \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_  
(street) (city) (zip)

Business Phone \_\_\_\_\_ Pager \_\_\_\_\_

## Family Information:

Siblings

| Name | Age | Lives with child? |
|------|-----|-------------------|
| 1.   |     |                   |
| 2.   |     |                   |
| 3.   |     |                   |

| Name | Age | Lives with child? |
|------|-----|-------------------|
| 4.   |     |                   |
| 5.   |     |                   |
| 6.   |     |                   |

## Religious Affiliation:

Church you attend \_\_\_\_\_

If no membership, give church preference \_\_\_\_\_



**CONSENT FOR MEDICAL TREATMENT**

**Office Copy**

Venture  
First Baptist Church of Colleyville  
5405 Pleasant Run  
Colleyville, Texas 76034  
(817) 281-4158 ext. 285  
(817) 788-5248  
FAX (817) 281-5749

**This Form Must Be Notarized!**

I hereby give my consent for all medical care prescribed by a duly licensed physician. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent:

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that in case of a medical emergency, Sonshine Academy will contact 911, and the attending physician will designate the hospital for care.

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Notary Public Date

Name and phone numbers to call in case of a medical emergency:

| Name | Phone Number | Beeper/Mobile Number | Relationship to child |
|------|--------------|----------------------|-----------------------|
| 1.   |              |                      | Parent                |
| 2.   |              |                      | Parent                |
| 3.   |              |                      |                       |
| 4.   |              |                      |                       |

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Allergies (Medications, Foods, Asthma): \_\_\_\_\_

Describe any medication on file that you have given permission to the director to give to your child in case of an emergency. \_\_\_\_\_

\_\_\_\_\_  
Name and Address of Insurance Company: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

**Please attach copy of Insurance Card to this form.**

# Authorization to Pick-Up Child

Venture  
First Baptist Church of Colleyville  
5405 Pleasant Run  
Colleyville, Texas 76034  
(817) 788-5248  
(817) 281-4158 ext. 285  
FAX (817) 281-5749

\_\_\_\_\_  
Student's Name                      Birthdate                      *Office Use:* Class

Listed below are the names of persons authorized to pick up my child from Venture at First Baptist Church of Colleyville. It is helpful for all parents to be listed.

| Name     | Relationship | Driver's License Number |
|----------|--------------|-------------------------|
| 1. _____ | _____        | _____                   |
| 2. _____ | _____        | _____                   |
| 3. _____ | _____        | _____                   |
| 4. _____ | _____        | _____                   |
| 5. _____ | _____        | _____                   |
| 6. _____ | _____        | _____                   |
| 7. _____ | _____        | _____                   |

If someone else is going to pick up my child, I will call and tell the **Sonshine Academy Director** (not the teacher) who that person is and give Sonshine Academy their driver's license number.

\_\_\_\_\_  
Parent or Guardian Signature                      Date

\_\_\_\_\_  
Child's Mother's Maiden Name

## Venture Teacher Information Form

Today's Date: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Name Used at Home \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Church Attendance or Religious Affiliation \_\_\_\_\_

Child lives with (check as appropriate):

\_\_\_\_\_ Mother \_\_\_\_\_ Step Mother \_\_\_\_\_ Aunt

\_\_\_\_\_ Father \_\_\_\_\_ Step Father \_\_\_\_\_ Uncle

\_\_\_\_\_ Grandmother \_\_\_\_\_ Grandfather \_\_\_\_\_ Other

If other, please give relationship to child. \_\_\_\_\_

|                           |          |          |          |          |
|---------------------------|----------|----------|----------|----------|
| Sisters:<br>Names & Ages  | 1. _____ | 2. _____ | 3. _____ | 4. _____ |
| Brothers:<br>Names & Ages | 1. _____ | 2. _____ | 3. _____ | 4. _____ |

Listed below are the name of persons authorized to pick up my child from Sonshine Academy at First Baptist Church of Colleyville.

| Name     | Relationship | Driver's License Number |
|----------|--------------|-------------------------|
| 1. _____ | _____        | _____                   |
| 2. _____ | _____        | _____                   |
| 3. _____ | _____        | _____                   |
| 4. _____ | _____        | _____                   |
| 5. _____ | _____        | _____                   |
| 6. _____ | _____        | _____                   |
| 7. _____ | _____        | _____                   |

If someone (other than the above listed individuals) is going to pick up your child, you will need to call and tell the **Sonshine/Venture Academy Director** (not the teacher) who that person is and give Sonshine Academy their driver's license number.

Please list any information that would be helpful for the teacher to know. If you run out of room please use the back of this form.

\_\_\_\_\_

\_\_\_\_\_