



Home Educators Resource Organization

Bringing Families Together to Educate Our Own Children

2016-2017 Family Registration Form

Home Educators Resource Organization (H.E.R.O.) provides weekly learning activities and classes for home schooled students and teaching parents. The parents oversee the daily home learning. H.E.R.O. is a non-profit 501(c)3, Christian, Non-denominational organization. We do not endorse any specific denomination. We do practice Biblical Christian principles and conduct during class time and at all outside field trips and activities supported by H.E.R.O.

FAMILY INFORMATION: PLEASE PRINT CLEARLY

Father's Name _____ Mother's Name _____ Last Name _____
 Address _____ City _____ Zip _____
 Telephone (____) _____ Work Phone (____) _____ Email _____
 Father's Occupation _____ Mother's Occupation _____

I give HERO permission to print the above information in the HERO Membership Phone Directory. This directory is given to all HERO members. YES NO

I am a new member to HERO YES NO I was referred to HERO by: _____.

Please list, on the back of this form, any physical conditions we need to be aware of in serving your child (allergies, medications, etc.). There may be food or snacks served in some of the classrooms. If your child(ren) has food allergies you, the parent, must assume the responsibility to provide the treat (snack) for your child(ren).

I (we) approve of the class schedule for the 2016-2017 school year as presented to me (us) by the Administrator. There are two semesters with a **ONE TIME** registration fee of \$50/student for the 2016-2017 school year. This fee covers helps to cover the cost of building rentals for H.E.R.O. classes and other outside activities, insurance, office supplies, photocopy costs, legal fees, and other miscellaneous expenses. I (we) understand that this registration fee is non-refundable. I (we) also approve of the method of payment to the teachers. The teachers will receive monthly payments to be paid by the organization for the convenience of all concerned parties. I (we) recognize that the teachers are independent contractors and are liable for their own taxes, insurance, liability, curriculum, and substitutes. I (we) also understand that all payments for my children's classes are to be made to the organization at the designated time. Failure to pay for the teacher's service will result in my child's removal from the class(es) until full payment is received. I (we) understand that all registration and class fees are non-refundable.

I (we) understand that three voluntary hours are required for each one-hour semester class with a maximum of 24 hours per semester. I (we) may choose the "buy-out" option of \$25/hour for every required hour of voluntary service with a maximum of 24 hours or \$600 per semester. I (we) understand that I (we are) am responsible for fulfilling the voluntary requirements each semester or I (we) will be charged \$25/hour. I (we) understand that there are designated areas and times for parent volunteer hours. I (we) understand that there is a designated HERO Parent Volunteer Sign-Up Book where I (we) can sign up for our volunteer hours. I understand that I need to sign up for our volunteer hours within 30 days of classes starting or I will be billed \$25/volunteer hour. I have read and understand the student code of conduct and dress code at HERO and I have gone over this with my children. Failure to adhere to this can result in immediate dismissal with no refunds given.

I (we) waive, release, and indemnify Home Educators Resource Organization (H.E.R.O.) and its directors, officers, members, and volunteers from all demands, claims, or liability, in law or in equity which has arisen or which may arise from any class or activity and which involves any damage, loss, or injury to me (us) or to my (our) children or my (our) property. I (we) agree to assume all financial responsibility for any medical and/or legal expenses incurred while participating in any H.E.R.O. activities. H.E.R.O. has my permission to call an ambulance or "911" to transport my child(ren) to the nearest medical facility for emergency treatment. I (we) agree that belonging to H.E.R.O. is a privilege and one's membership can be revoked due to misconduct as determined by the Administrator and board (all registration and class fees would be non-refundable).

Parent's Signature _____ Date _____

Home Educators Resource Organization (HERO), 2399 E. Burke Ave., No. St. Paul, MN, 55109, Phone: (651) 485-2572