



HAP Registration Form

Holy Disciples

Homework Assistance Program

This form is used for contact information only.

Date _____ (Please Print)

Student #1 Name		Student #2 Name	
School	Grade	School	Grade
Student #3 Name		Student #4 Name	
School	Grade	School	Grade
Parent/Guardian Name			
Parent/Guardian Address			
Parent/Guardian Phone Number			
Parent/Guardian Email Address			

Are there health issues concerning the student/s that HAP personnel need to know?	If yes, check Box		Write details below.
	If no, check box		
I consent to having the student/s named above participate in HAP and the information provided on this form used as described below*.	Parent/Guardian Signature and date		

Health Concerns

*How HAP Uses the Information Provided on this Registration Form

HAP is aware of the need to keep the information supplied on this form secure and private; it will be used only by and for the HAP Program. The information is used as follows. Foremost, should an emergency occur at a HAP session that requires your attention, the information will be used to contact you. HAP will also use the information to keep you informed (most likely by email) about the program e. g. schedule changes, etc. HAP believes that it is important to have users evaluate the program; therefore, the contact information may be used to ask for your evaluation of the program.

This information will be kept until the last day of October in the school year following the school year of your registration unless you specify that we should do otherwise.