



# C.H.E.C.K.

## Christian Home Educators of the County of Kern

PO Box 42101, Bakersfield, CA 93384 <http://www.checkca.org>

### *C.H.E.C.K. Membership Application / Renewal Form*



#### **PURPOSE**

The purpose of C.H.E.C.K. is to support and encourage private Christian home education from a Biblical standpoint; to bring together those interested in home education in ways to benefit the membership and to provide a forum for fellowship, education, and information among private Christian home educators in Kern County.

#### **MISSION STATEMENT**

The mission of the Christian Home Educators of the County of Kern is to encourage and support private Christian home educating families. Our events and activities should promote family friendly home education without burdening the membership and bring glory and honor to our Lord Jesus Christ in all humility.

#### **GOALS AND VALUES**

Our goal is to enrich our members' private Christian school with our selected programs as God provides the means and the people. We invite and encourage our members to assist with any of our activities.

"For we are God's workmanship, created in Christ Jesus to do good works, which God prepared in advance for us to do!"  
-Ephesians 2:10

Our unity is in Christ and we are His body, made up of many members that are gifted according to God's purpose and desire.  
-Romans 12:5 & 15:7, 1 Peter 4:10

We strive to encourage each member family according to their private Christian home schooling style and calling. -Romans 1:12

Our support group is to bear and sustain one another in the journey of private Christian home education. -Gal 6:2

Our support group is to provide Christian fellowship, education, and information, to the private Christian home schooling community. -John 1:7

CHECK sponsored events and activities are specifically designed for the CHECK membership. Events are selected:

To promote private Christian home education. -Ephesians 6:4, Proverbs 22:6, Deuteronomy 6:6,7

To promote simplicity and lighten the burden of private Christian home education. -Galatians 6:2

To be affordable, keeping cost to a minimum. -Galatians 2:10

To be conducted in a humble manner, honoring and glorifying God. -Proverbs 16:19, James 4:6, Matthew 5:16, Psalms 29:2

To promote family participation, and to be supervised by adults. -1 Timothy 3:4

#### **CODE OF CONDUCT FOR C.H.E.C.K. ACTIVITIES AND EVENTS**

1. Please contact the event coordinator if you are unable to attend an event you have signed up for or volunteered to assist with.
2. Arrive on time. Be punctual as a courtesy to all involved.
3. Dress modestly & appropriately for the occasion. We are representatives of Christ, & should honor Him with our appearance.
4. Parents and children, please listen when someone is speaking to show consideration and respect.
5. Parents, please stay with your own children whenever possible. Parents are responsible for their children's behavior and safety upon arrival and for the duration of the gathering. Delegate this responsibility to another parent if the group is divided.
6. Determine if younger children would be out of place at certain activities geared for older children. Certain events might dictate swapping younger children off with another family, or even foregoing attendance out of respect for others.
7. If children are disruptive, please excuse yourself from the group to handle the situation. The event coordinator has the responsibility to ask disruptive families to leave.
8. Only CHECK members with a signed release form (see page 2) will be allowed to attend CHECK activities.

*CHECK activities are provided to membership as God provides the means and volunteers to carry them out. We depend on our membership to help. Please "check" any of the following events you might be willing to help with:*

Newcomers' Social \_\_\_\_\_ Picture Day \_\_\_\_\_ Workshops \_\_\_\_\_ Park Day BBQ \_\_\_\_\_ Community Service \_\_\_\_\_  
 Circle of Friends \_\_\_\_\_ Home School Fair \_\_\_\_\_ Help Tree (Ph.) \_\_\_\_\_ Email Prayer Chain \_\_\_\_\_ Chess Club \_\_\_\_\_  
 Field Trips \_\_\_\_\_ Park Days \_\_\_\_\_ Family Promotion Celebration \_\_\_\_\_ Outreach Ministry \_\_\_\_\_ Yearbook \_\_\_\_\_  
 Please list other activities you would like to help CHECK provide: \_\_\_\_\_

**Would you like to serve as a Mentor Mom?** Yes \_\_\_ No \_\_\_ (A "Mentor Mom" is one who is willing to mentor, by phone, email, or in person, new home schooling mothers in curriculum choices as well as other daily home school concerns.) **If yes, then:**

What curriculum are you most familiar with? \_\_\_\_\_  
 How many years have you home educated? \_\_\_\_\_ What grade levels have you taught? \_\_\_\_\_ What is your local geographic location? (SW, East, etc.) \_\_\_\_\_ How would you prefer to help? Phone \_\_\_\_\_ Email \_\_\_\_\_ In person \_\_\_\_\_

***Please continue with page #2 on the back of this form.***

**MEMBERSHIP:** Our membership is open to any family who is currently home educating by way of a private Christian Independent Study Program, or by filing a Private School Affidavit, or those not associated with any government or public school program, or those whose children have graduated from one of the above options.

***I/We home educate our children by way of:***

- \_\_\_\_\_ An Independent Study Program from a private Christian School. Name of ISP: \_\_\_\_\_
- \_\_\_\_\_ Filing our own private school affidavit. School Name: \_\_\_\_\_
- \_\_\_\_\_ Correspondence school. School Name: \_\_\_\_\_ From the State of: \_\_\_\_\_
- \_\_\_\_\_ None of the above and Independent of any government or public school program.

\*CHECK is an HSLDA Group Discount member. Are you a current HSDLA member? YES / NO If yes, your HSLDA #: \_\_\_\_\_

**Membership fees: \$20.00 Full Year / \$12.00 after Jan. 1st Membership type: New \_\_\_\_\_ Renewal \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_**

Do you wish to be listed in the CHECK directory? Yes / No If you have not yet received a CHECK info packet, would you like one? Yes / No

**Please make check payable to CHECK and mail to: C.H.E.C.K., PO BOX 42101, BAKERSFIELD, CA 93384**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other significant medical conditions? YES NO. If yes, explain: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other significant medical conditions? YES NO. If yes, explain: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other significant medical conditions? YES NO. If yes, explain: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other significant medical conditions? YES NO. If yes, explain: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other significant medical conditions? YES NO. If yes, explain: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height \_\_\_\_\_ Weight: \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart conditions, history of respiratory illness or any other significant medical conditions? YES NO. If yes, explain: \_\_\_\_\_

**WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION**

I, the undersigned parent or legal guardian of the above named individuals, acknowledge that participation in events could involve risk of physical injury. I further acknowledge that the programs of *Christian Home Educators of the County of Kern*, known as *C.H.E.C.K.* are primarily administered by parents, who volunteer their time, rather than by paid, trained professionals. In consideration for accepting the registration of the named individuals and permitting the voluntary participation of said individuals in its programs, I [for myself as well as for my child(ren), his/their heirs and assign] hereby release, discharge and hold harmless *C.H.E.C.K.* and its volunteers and other representatives or affiliates (including without limitation the participating churches, organizations participating through such churches, sponsors, game or event workers, officials, facilities and volunteers) from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individuals while participating in a *C.H.E.C.K.* sponsored event, including any physical injury by negligence of any official, volunteers, and other representatives or affiliates while performing his/her duties during event. I attest that my child(ren) are physically capable to participate in events. However, should officials, representatives or volunteers determine in their sole discretion that completion or participation in any events would be injurious to any of my child(ren)'s health, or should my child(ren) become ill or injured, I consent to his/her/their removal and treatment by any physician or medical care provider at the direction of myself, event officials, sponsors, representatives and/or volunteers.

**EMERGENCY AUTHORIZATION**

If participating in any *C.H.E.C.K.* event while under the care and supervision of someone other than myself, I, the undersigned parent or legal guardian of the participant(s), a minor(s), hereby authorize the official, volunteers, and other representatives or affiliates of *C.H.E.C.K.* acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of an emergency and I cannot be reached, I hereby authorize treatment, and/or care at any California State licensed medical treatment facility or hospital. The signature of the parent(s) or guardian(s) below serves as an Emergency Authorization for the undersigned as well as the minors listed above.

Father's Signature: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

If not attending with their child(ren), phone numbers where parents may be reached during the event or activity time:

Phone for father: \_\_\_\_\_ Alt. # \_\_\_\_\_ Phone for mother: \_\_\_\_\_ Alt. # \_\_\_\_\_

In the event parent(s) cannot be reached, emergency contact: Name: \_\_\_\_\_ Ph.# \_\_\_\_\_ Alt. # \_\_\_\_\_

If you wish to have your doctor contacted in case of an emergency: Doctor's Name: \_\_\_\_\_ Ph.#: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_ Name of Subscriber: \_\_\_\_\_

**It is the responsibility of the members to notify a CHECK Board member of any pertinent changes BEFORE participating in any CHECK activities.**

OFFICE USE ONLY: Cash _____	Check# _____	Amount \$ _____	Date _____	Entered _____	Initials _____
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