

# GLOUCESTER COUNTY CHRISTIAN HOME SCHOOLERS ASSOCIATION



## 2008-2009\* MEMBERSHIP APPLICATION

### GCCHSA Statement of Purpose

The Gloucester County Christian Home Schoolers Association (GCCHSA) is an association of Christian parents who have chosen to educate our children at home, believing that this is our biblical responsibility. The purpose of the GCCHSA is to provide information, support, encouragement, activities, sports, field trips, and annual testing (IOWA tests) to enhance the education of our children.

The GCCHSA defines home schooling as Christian parents educating their children and choosing their course of study. For a student to be involved in the GCCHSA, they must be receiving the majority of their education (grades K through 12) at home and be under the direct supervision of their parents, grandparents, or legal guardians.

Please **PRINT** the following information (it will be used to create a directory of all GCCHSA member families):

Last Name (Father or Guardian) \_\_\_\_\_ First Name \_\_\_\_\_

Last Name (Mother or Guardian) \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

Children's Names	Birth Date (M/D/Y)	Grade	Estimated Year of Graduation	Home Schooled This Year
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N

### Curriculum Choices

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

### Special Family Interests/Areas of Expertise

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

\* The GCCHSA Academic Year runs from July 1 through June 30

## GCCHSA Statement of Faith

1. The Bible, defined as the Old and New Testaments and consisting of 66 books, is the inspired and only infallible Word of God, inerrant in the original autographs, and the only rule of faith and practice.
2. God is one being, existing eternally as three persons - God the Father, God the Son, and God the Holy Spirit. Jesus Christ is, in the flesh, fully God and fully man, except without sin.
3. All men are sinful in nature and therefore under God's condemnation. Jesus Christ has paid the penalty for sin by His death and bodily resurrection.
4. Salvation is the gift of God. Regeneration by the Holy Spirit is absolutely necessary. This salvation is received through faith and not as a result of good works.
5. Jesus Christ will come again to judge the world and to receive into the presence of God all those who have believed in Him.
6. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.

*I agree with the above Statement of Faith and have, by the grace of God, received Jesus Christ as my personal Savior.*

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Date

*I agree with the above Statement of Faith and have, by the grace of God, received Jesus Christ as my personal Savior.*

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Date

## Church Membership

\_\_\_\_\_  
Church Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Pastor's Name

\_\_\_\_\_  
Church Currently Attending -  
(if different from above)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Pastor's Name

*Please complete the Testimony of Salvation (page 5) if:*

**You are not currently a member of a local church body**

*or*

**You are a member of a church that  
does not agree with the above Statement of Faith**

*(If you are renewing your GCCHSA membership, you do not need to complete another  
Testimony of Salvation if the GCCHSA has one on file)*

NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

## GCCHSA Membership Requirements

1. Must complete and return the entire application (pages 1-4), including a signed Statement of Faith (page 2), a signed GCCHSA Membership Requirements Form (page 3), and the Parent Participation Checklist (page 4). If applicable, must also include the Testimony of Salvation (page 5). Parents of students in grades 7-12 must also complete and return the Jr./Sr. High Student Contract Agreement/General Permission Form (page 6) and Jr./Sr. High Medical Information Form (pages 7-8).
2. Must be a member of a local church that agrees with the GCCHSA Statement of Faith – OR – must provide a written testimony of salvation to the General Board of Trustees.
3. Must pay annual dues. All applicable fees must be paid in full before membership takes effect and members can participate in any activities. All fees include payment of GCCHSA liability insurance (except for Alumni members).
4. Must abide by the By-Laws and Policies governing the GCCHSA.

I/we hereby apply for membership in the GCCHSA under the classification checked below. I/we agree to be active members of the GCCHSA and to abide by the By-Laws and Policies governing the GCCHSA. I/we understand that the GCCHSA carries group liability insurance but that this insurance does not provide accidental/medical insurance for members of the GCCHSA

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Signature of Parent/Legal Guardian                      Date

<i>Please check:</i>	<u>Annual Dues</u>	<u>Late Fee</u>
<input type="checkbox"/> New Member	<input type="checkbox"/> \$37.00 (USPS Newsletter)	N/A
	<input type="checkbox"/> \$29.00 (Electronic Newsletter)	N/A
<input type="checkbox"/> Current Member	<input type="checkbox"/> \$37.00 (USPS Newsletter)	Add \$10.00 after 9/30
Renewing Membership	<input type="checkbox"/> \$29.00 (Electronic Newsletter)	Add \$10.00 after 9/30
<input type="checkbox"/> General Board Member (Must be paid by August Board Mtg.)	<input type="checkbox"/> \$12.00 (USPS Newsletter)	N/A
	<input type="checkbox"/> \$12.00 (Electronic Newsletter)	N/A
<input type="checkbox"/> Alumni Member	<input type="checkbox"/> \$10.00 (USPS Newsletter)	N/A
	<input type="checkbox"/> \$2.00 (Electronic Newsletter)	N/A
\$ _____	(Dues)	
\$ _____	(Minus \$5.00 Discount, if prior to June 30 – Renewing Members Only, excluding Board Members)	
\$ _____	(Plus \$10.00 Late Fee, if after September 30 – Renewing Members Only)	
\$ _____	TOTAL Amount Enclosed	
<i>(Please make checks payable to <b>GCCHSA</b>)</i>		

Checklist for a completed application:

- Information Form (page 1) completely filled out
- Statement of Faith (page 2) signed
- GCCHSA Membership Requirements Form (page 3) signed
- Parent Participation Checklist (page 4) with at least three activities checked
- If applicable, Testimony of Salvation (page 5) filled out and signed
- Parents of students in grades 7-12 - Jr./Sr. High Student Contract Agreement/General Permission Form (page 6) signed by student and parents
- Parents of students in grades 7-12 - Jr./Sr. High Medical Information Form (pages 7-8) filled out and signed
- Check made payable to *GCCHSA*

Please send to:

**New Members**

Joanne Martin, New Member Secretary  
249 Three Bridge Rd.  
Monroeville, NJ 08343

**Renewing Members**

Sherry Flynn, Corresponding Secretary  
85 Somerset Ave.  
Sewell, NJ 08080

<b>For Office Use Only</b>	
Approval Date	_____
Check # / Amount	_____
Board Signatures	_____
Chair	_____
New Member Sec.	_____
Corresponding Sec.	_____

**NAME** \_\_\_\_\_ **PHONE NUMBER** \_\_\_\_\_

# Parent Participation Checklist

Below is a list of opportunities where you could be of service. Please prayerfully consider where your gifts may be used. Then check off at least **three** activities that your family may be interested in. This serves as a resource only. Therefore, you will be contacted only when an opportunity for service arises. Since the GCCHSA is a parent-supported group, your participation is essential in order to provide outstanding activities for our children. If at least three activities are not chosen, your application will be denied.

Please check at least three of the following:

## SERVE ON THE GENERAL BOARD

- Chairperson\*
- Vice-Chairperson\*
- Recording Secretary
- Corresponding Secretary
- New Member Secretary
- Treasurer
- Activities Coordinator
- Field Trip Coordinator
- Jr./Sr. High Coordinator
- Newsletter Editor

## FIELD DAY/PICNIC

- Help with Planning/Games
- Assist with Setting Up
- Assist with Cleaning Up

## EDUCATION/SCIENCE FAIR

- Coordinator
- Assist Coordinator
- Host Fair at your Church

## K-6 CAMPING TRIP

- Organize Camping Trip
- Chaperone
- Help Plan Activities/Games
- Help Plan Crafts
- Lead Devotions
- Cook

## SOCCER

- Coach
- Assistant Coach
- Team Parent
- Equipment Manager
- Field Coordinator
- Nurse

## GENERAL HELP

- Research Home School Events
- Submit Field Trip Ideas
- Assist Field Trip Coordinator
- Assist Activities Coordinator
- Lead an Adult Bible Study
- Plan Mom's Night Out Activities

## TESTING (e.g., IOWA TESTING)

- Head Administrator (Need 4-Yr. Degree)
- Test Administrator (Need 4-Yr. Degree)
- Test Proctor
- Nursery Worker
- Host Testing at your Church

## COMPUTERS

- Webmaster
- Blog Editor
- Jr./Sr. High Blog Editor
- Teach Class
- Area of Expertise \_\_\_\_\_
- Programmer

## JR./SR. HIGH RETREAT

- Organize Retreat
- Chaperone
- Help Plan Activities/Games
- Speaker at Retreat
- Lead Devotions
- Cook

## SOFTBALL

- Coach
- Assistant Coach
- Team Parent
- Equipment Manager
- Field Coordinator
- Nurse

## DRAMA/MUSICAL

- Director
- Assist Director
- Host Drama/Musical at your Church
- Help Plan/Organize Drama/Musical
- Play the Piano
- Help Make Costumes
- Help Assemble Props
- Help Create Scenery

## CURRICULUM FAIR

- Coordinator
- Assist Coordinator
- Host Curriculum Fair at your Church

## GRADUATION

- Graduation Committee Chair\*\*
- Graduation Committee Secretary\*\*
- Graduation Committee Treasurer\*\*
- Host Graduation at your Church
- Speaker at Graduation Ceremony
- Pianist at Graduation Ceremony
- Photographer at Graduation Ceremony
- Videographer at Graduation Ceremony

## JR./SR. HIGH ACTIVITIES

- Assist Jr./Sr. High Coordinator
- Lead a Jr./Sr. High Bible Study
- Chaperone/Driver
- Advisor for Newspaper Club

## OTHER SPORTS

- Organize Weekly Bowling League
- Organize Monthly Bowling Activity
- Organize Roller Hockey
- Organize Indoor Soccer
- Organize Tennis
- Organize Swimming Lessons
- Swimming Instructor
- Organize/Teach Other Sport
- Area of Interest \_\_\_\_\_

\* To hold the office of Chair or Vice-Chair, you must have served at least one year on the General Board of Trustees.

\*\* The Graduation Committee Chair, Secretary, and Treasurer are usually parents of a graduating 12<sup>th</sup> or 8<sup>th</sup> grader and are elected by the parents serving on the Committee.

Please list any other opportunities you would like to have provided for your home schooling family:

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Please list any other areas of expertise that you could use to serve the GCCHSA:

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NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_



# Jr./Sr. High Student Contract Agreement and General Permission

The Jr./Sr. High Student Contract Agreement/General Permission Form and the Medical Information Form must be submitted to the GCCHSA with the Application before your child can participate in any GCCHSA Jr./Sr. High activities or events. Please submit one for each Jr./Sr. High student –make additional copies as needed.

I, \_\_\_\_\_, a Jr./Sr. High student whose parents are members of the GCCHSA, agree  
(Please **print** – First, MI, Last Name)

1. to give leaders and chaperones of the GCCHSA Jr./Sr. High my full respect and cooperation and to accept their authority over me while I am away from my parents or guardians.
2. to cheerfully obey directions of the leaders and chaperones with promptness and accuracy to the best of my ability.
3. to be courteous and respectful to others, including leaders, chaperones, other members of the GCCHSA Jr./Sr. High, guests, and hosts/sponsors of activities and events.
4. to refrain from back talk, name calling, slander, and gossip and to treat others better than I expect to be treated.
5. to be honest and truthful and to refrain from stealing and cheating.
6. to refrain from the possession of illegal substances and or/dangerous weapons.
7. to display good stewardship in caring for the properties of all facilities used by the Jr./Sr. High and also for the property of other students at GCCHSA activities and events.
8. to dress modestly so as not to cause a brother or sister in Christ to stumble and sin, and to wear clothing appropriate for the activities and events.
9. to uphold and comply with the “No Romantic Touch” policy as stated in the GCCHSA Policies (see Policies, Section 5.7, at [www.gcchsa.org](http://www.gcchsa.org)).
10. to stay in assigned areas unless given permission to leave.
11. that, if I drive myself to an activity or event, the GCCHSA will not be responsible or liable if I leave early or remain afterward.
12. that, if I fail to comply with the above standards, I may lose the privilege of participating in GCCHSA Jr./Sr. High activities and events.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

The GCCHSA recognizes that families hold the ultimate responsibility for the training up of their children and for determining the consequences of unacceptable behavior. However, when GCCHSA students and guests participate in an activity or event sponsored by the GCCHSA, the responsibility for determining appropriate behavior is held by the leaders and adult chaperones of that activity or event that have been approved by the GCCHSA General Board of Trustees. These leaders and chaperones are authorized to issue a verbal warning to those students and guests in violation of any of the above standards and to discuss appropriate behavior with them. If there is a second occurrence of the same violation at the same activity or event, the student’s parents shall be called and asked to pick up the student and/or guest. If the misconduct continues at other activities or events sponsored by the GCCHSA, a probationary period or revoking of privileges of participation may be considered by the General Board of Trustees on the recommendation of the Jr./Sr. High Coordinator (see Policies, Section 5.9, at [www.gcchsa.org](http://www.gcchsa.org)).

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
(Please **print** – First, MI, Last Name) (Please **print** – First, MI, Last Name)

acknowledge that God has given me the responsibility to train and discipline my child. When informed of any misconduct, I agree to take proper disciplinary action, with the goal of ensuring compliance with the standards of the Student Contract Agreement as set forth by the GCCHSA.

I also give permission for my child to attend activities and events sponsored by the GCCHSA. In the event of a medical emergency, permission is given to the GCCHSA chaperones to seek medical attention.

I also give consent for my child’s e-mail address to be used by the Jr./Sr. High Coordinator, other adult members of the GCCHSA working with the Jr./Sr. High, and other GCCHSA students for official GCCHSA Jr./Sr. High Correspondence (i.e., e-mail Jr./Sr. High page from the Patchwork Paper, information and reminders concerning activities and events, reminders concerning Jr./Sr. High Board Meetings, etc.).

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number(s)

Child’s E-mail Address \_\_\_\_\_ @ \_\_\_\_\_

**I plan to have my child participate in the 2009 Graduation Ceremony - 8<sup>th</sup> grade \_\_\_\_\_ 12<sup>th</sup> \_\_\_\_\_ grade**

**Jr./Sr. High**

**Medical History/Health Status Form**  
**and**  
**Authorization for Treatment**

Student's Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Work Number ( ) \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Work Number ( ) \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_

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*Other Emergency Contacts:*

Name \_\_\_\_\_ Home Number ( ) \_\_\_\_\_

Address \_\_\_\_\_ Work Number ( ) \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_

Relation to Member \_\_\_\_\_

Name \_\_\_\_\_ Home Number ( ) \_\_\_\_\_

Address \_\_\_\_\_ Work Number ( ) \_\_\_\_\_

Cell Phone Number ( ) \_\_\_\_\_

Relation to Member \_\_\_\_\_

Insurance Company \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number, if applicable \_\_\_\_\_

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The purpose of the Medical History/Health Status Form is to inform the GCCHSA of any medical limitations or exceptions of the student and to give the GCCHSA a record of the student's medical history and present physical status to allow the GCCHSA to accurately inform emergency medical personnel if necessary. Listing past or present medical problems will not hinder the student from participation in GCCHSA Activities and Events.

Student's Name \_\_\_\_\_

Do you have any physical limitations or emotional disorders? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list them.

Do you have any medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list them.

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list the medications and dosages.

Do you have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list all.

Foods: \_\_\_\_\_  
Medicines: \_\_\_\_\_  
Insect bites/stings: \_\_\_\_\_  
Other (mold, seasonal, etc.): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

Name of Family Doctor/Primary Care Physician \_\_\_\_\_  
Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Are you currently being treated by a doctor for a medical condition? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list what you are being treated for and how.

Doctor's Name (if other than Primary Care Physician above) \_\_\_\_\_  
Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Doctor's Name (if other than Primary Care Physician above) \_\_\_\_\_  
Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that the GCCHSA and/or their appointed agents have my  
*(Print Full Name)*  
permission to take my child to the doctor or other medical facility for medical treatment, hospitalization, or emergency surgery if the  
need arises. In the case of a medical emergency, I understand that every effort will be made to contact me (the parent) or other  
emergency contacts as quickly as possible. I certify that I am willing to assume the responsibility of all medical bills incurred.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_