



# Indiana Conference of Seventh-day Adventists

## 2009-2010 Student Accident Insurance Program

**Directions:** This form is due along with your September Report. Please use this form to tell us how many students will be covered by our Student Accident Insurance. Please include *any* student/child who *regularly* attends your school or child care ministry for *any* part of a school day. For example:

- *If you have a home schooled student who comes to sing in your choir, include him/her in your count. (Feel free to bill his/her parents for this policy because your school will be billed for him/her.)*
- *If you have a child who attends your Pre-K or Kindergarten just three days a week or only partial days, include him/her in your count.*
- *If you have a student who will only be attending your school for two months, include him in your count.*
- *When in doubt, include a student in your count.*

Name of Your School: \_\_\_\_\_

Name of Your Child Care Ministry: \_\_\_\_\_

The Number of Children Enrolled in Your Childcare Ministry \_\_\_\_\_ x \$11.25 = \$ \_\_\_\_\_

The Number of Preschool/Kindergarten Students Enrolled \_\_\_\_\_ x \$11.25 = \$ \_\_\_\_\_

The Number of Students enrolled in Grades 1-10 \_\_\_\_\_ x \$22.00 = \$ \_\_\_\_\_  
*(Only schools without grades 11 & 12 may use this rate)*

**\*TOTAL** = \$ \_\_\_\_\_

Principal/Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Your School and/or Child Care Ministry will be Billed by the Conference for this Amount*