



BROOKS UNITED METHODIST CHURCH HYBRID HOMESCHOOL PROGRAM 20/21

Family Registration Form

Student #1 Name _____

NICKNAME _____

DOB _____ GRADE ENTERING _____

Student #2 Name _____

NICKNAME _____

ADDRESS:

_____ PHONE _____

_____ EMAIL _____

PREVIOUS SCHOOL

EXPERIENCE _____

IEP (Y/N) _____ IF YES, PLEASE EXPLAIN _____

HAS STUDENT BEEN EXPELLED FROM PREVIOUS SCHOOL? (Y/N) _____

IF YES, PLEASE EXPLAIN _____

Child's learning experiences and style: _____

Additional information you think we should know:

PARENT/GUARDIAN INFORMATION:

Marital Status: Married/Divorced/Neither

Are either parent allowed to pick up the student? _____

If no, briefly explain _____

Mother's Name: _____ Cell Phone: _____

Email: _____

Employer: _____ Address: _____

Occupation: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Email: _____

Employer: _____ Address: _____

Occupation: _____ Work Phone: _____

RELEASE AUTHORIZATIONS (other than parents)

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

EMERGENCY AUTHORIZATION: In case of emergency, whom should we contact if we cannot reach parents/guardians?

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

Name: _____ Relationship: _____

Address: _____ Best Phone Number: _____

MEDICAL INFORMATION:

Doctor: _____ City: _____

Phone: _____

Does your child have any allergies to food, insect bites, medication, etc.? _____

If yes, please explain:

Are there any special medical needs required for the care of your child? If so, please explain:

INFORMATION ABOUT YOUR CHILD:

Name and Ages of Siblings: _____

Other Persons Living in the Home: _____

Relationship _____

Child's Favorite
Activities: _____

Pets: _____

Is your child left- or right-hand dominant? _____ Left _____ Right _____ Unknown

Religious Affiliation: _____ Church you Attend: _____

Would you like more information about Brooks UMC? _____

PHOTOGRAPH AUTHORIZATION-(PLEASE COMPLETE AND INITIAL):

_____ Pictures of my child may/MAY NOT be taken for use WITHIN BUMC Hybrid Homeschooling Program

_____ Pictures of my child may/MAY NOT be taken for use OUTSIDE BUMC Hybrid Homeschooling Program.

_____ I understand these photos may be used for church publications and other forms of Church or Program media.

AGREEMENT: Brooks United Methodist Church Hybrid Homeschool Program agrees to provide tutoring in accordance to the Georgia Homeschooling Laws from August through May, following the Fayette County School Calendar.

____ I understand this program operates under an exemption from Bright from the Start and is not a licensed daycare or school.

____ I agree to provide a current Declaration of Intent to Homeschool with Fayette County.

____ I agree to supplement the additional time needed to fulfill the requirements to meet the Georgia Homeschooling Law of 180 days equivalent to 4.5 hours a day totalling 810 hours.

____ I understand the qualified candidates will educate my child to the best of their ability and understand there are no guarantees made.

____ There is a non-refundable registration fee for all classes due at registration.

____ I will provide the text books for my child **OR**

____ I will pay the book fee of \$150 for the program to purchase my child's books.

____ Tuition of \$250 is due on the 1st of each month. A \$25 late fee will be charged after the 15th day of the month. The first tuition payment is due before the first day of class.

____ I acknowledge that my child must have a current immunization record or exemption form on file and cannot be admitted without this form.

____ I hereby authorize Brooks UMC Hybrid Homeschooling Program to have my child transported to Piedmont Fayette Hospital in the event of a medical emergency.

____ I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep record of all information and authorizations pertaining to my child up to date.

PARENT/GUARDIAN SIGNATURE

DATE

Student Name: _____

For Office Use Only:

* registration fee: _____ Book Fee: _____ Check #: _____

Date: _____

* Immunization Form: _____ Declaration of Intent to Homeschool _____