

# 2021/22 BROOKS UNITED METHODIST CHURCH HYBRID HOMESCHOOL PROGRAM

## Family Registration Form



STUDENT #1 NAME

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NICKNAME \_\_\_\_\_

DOB \_\_\_\_\_ GRADE ENTERING \_\_\_\_\_

Student #2 Name \_\_\_\_\_

NICKNAME \_\_\_\_\_

ADDRESS:

-----PHONE \_\_\_\_\_

-----EMAIL \_\_\_\_\_

PREVIOUS SCHOOL

EXPERIENCE \_\_\_\_\_

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IEP (Y/N) \_\_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

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

IF YES, PLEASE EXPLAIN \_\_\_\_\_

CHILD LEARNING EXPERIENCES/STYLE AND ANY ADDITIONAL INFORMATION YOU THINK

WE SHOULD KNOW: \_\_\_\_\_

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**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 \$250 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.

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PARENT/GUARDIAN SIGNATURE

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DATE

Student Name: \_\_\_\_\_

For Office Use Only:

\* registration fee: \_\_\_\_\_ Book Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

Date: \_\_\_\_\_

\* Immunization Form: \_\_\_\_\_ Declaration of Intent to Homeschool \_\_\_\_\_