## 2021/22 BROOKS UNITED METHODIST CHURCH HYBRID HOMESCHOOL PROGRAM

Student Registra	æ*//										
STUDENT NAME											
NICKNAME											
DOB ENTERING		1									
Is your child left- or right-har	nd dominant?	Left	Right	Unknown							
ADDRESS:		PHONE	E								
PREVIOUS SCHOOL EXPERIENCE											
IF YES,											
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:				
							Does your child have any al				tc.?
If yes, please explain:											

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

Religious Affiliation:	Church you Attend:
Would you like more information a	bout Brooks UMC?
<b>PARENT/GUARDIAN INFORM</b> Marital Status: Married/Divorced/N Are either parent allowed to pick u If no, briefly explain	either
Mother's Name:	Cell Phone:
Email:	
Employer:	Address:
Occupation:	Work Phone:
Father's Name:	Cell Phone:
Email:	
Employer:	Address:
Occupation:	Work Phone:
RELEASE AUTHORIZATIONS (o	ther than parents)
Name:	Relationship:
Addroso	Best Phone Number:

Name:	Relationship:	
Address:	Best Phone Number:	
<b>EMERGENCY AUTHORIZATION:</b> In case of reach parents/guardians?	emergency, whom should we contact if we cannot	
Name:	Relationship:	
Address:	Best Phone Number:	
Name:	Relationship:	
Address:	Best Phone Number:	
MEDICAL INFORMATION:		
Doctor: City:		
Phone:		
PHOTOGRAPH AUTHORIZATION-(PLEASI	E COMPLETE AND INITIAL):	
Pictures of my child may be taken for Program including social media.	use WITHIN BUMC Hybrid Homeschooling	
Disturse of my shild may be taken for	use OLITSIDE PLINC Hybrid Hemospheeling	

\_\_\_\_\_Pictures of my child may be taken for use OUTSIDE BUMC Hybrid Homeschooling Program including social media.

\_\_\_\_\_ 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 with 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 \$350 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.

Student Name:		
For Office Use Only:		
* registration fee:	Book Fee:	_Check #:
Date:		
* Immunization Form:	Declaration	of Intent to Homeschool