2022/23 BROOKS UNITED METHODIST CHURCH HYBRID HOMESCHOOL PROGRAM

Student Registration Form

STUDENT NAME	
NICKNAME	
DOB GRADE ENTERING	
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 LEARNING EXPERIENCES/STYLE AND ANY ADDITIONAL INFO	DRMATION YOU THINK
WE SHOULD KNOW:	
Is your child left- or right-hand dominant? Left Right	Unknown
Does your child have any allergies to food, insect bites, medication, etc.	2.?
If you places symbols	

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 about Brook	ss UMC?			
PARENT/GUARDIAN INFORMATION: Marital Status: Married/Divorced/Neither Are either parent allowed to pick up the stude 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 reach parents/guardians?	f 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		
Pictures of my child may be taken for Program including social media.	use OUTSIDE BUMC Hybrid Homeschooling		
I understand these photos may be use Church or Program media.	sed for church publications and other forms of		

AGREEMENT:

ccordance with the Georgia Homeschooling Laws from August through May, following the ayette 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 pay the book fee to Brooks UMC School to provide my child's books OR				
I will personally purchase the text books for my child. (Contact School Director)				
Tuition 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 of 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:				

Brooks United Methodist Church Hybrid Homeschool Program agrees to provide tutoring in

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