

FAMILY APPLICATION AND INFORMATION
SAHC CO-OP

(Even if you've participated in Co-op before, we need a form filled out for every Co-op session.)

LAST NAME: _____ PARENT: _____ PARENT: _____.

ADDRESS: _____.

CITY, STATE, ZIP: _____.

PHONE: _____ PARENT'S E-MAIL: _____.

NAME, BIRTH DATE, GRADE AND AGE OF CHILDREN:

_____ / ___ / ___ GR ___ AGE ____.

_____ / ___ / ___ GR ___ AGE ____.

_____ / ___ / ___ GR ___ AGE ____.

_____ / ___ / ___ GR ___ AGE ____.

_____ / ___ / ___ GR ___ AGE ____.

_____ / ___ / ___ GR ___ AGE ____.

_____ / ___ / ___ GR ___ AGE ____.

_____ / ___ / ___ GR ___ AGE ____.

EMERGENCY CONTACT _____ PHONE _____.

DO ANY OF YOUR CHILDREN HAVE ANY ALLERGIES OR ANYTHING ELSE WE SHOULD BE AWARE OF?
_____.

HOW LONG HAVE YOU HOMESCHOOLED? _____.

NAME OF PARENT(S) WHO WILL ATTEND CO-OP? _____.

EACH FAMILY WILL BE ASSIGNED TO TEACH 2 SESSION CLASSES OR 1 FULL YEAR CLASS. FAMILIES WILL ALSO BE ASSIGNED CLEANING DUTIES. PLEASE INDICATE ANY PREFERENCES OR STRENGTHS YOU MAY HAVE THAT WILL ASSIST US IN ASSIGNING YOUR POSITIONS. WE WILL DO OUR BEST TO PLACE YOU WHERE YOU WOULD MOST LIKE TO BE.

_____.

DO YOU GIVE THE CO-OP PERMISSION TO USE PICTURES TAKEN OF YOUR CHILD(REN) DURING CO-OP FOR THE YEARBOOK AND OUR PRIVATE FACEBOOK PAGE?

YES _____ NO _____ (Please check one)

PARENT AGREEMENT

SAHC CO-OP

(Only one parent need initial the following items)

_____ I understand that SAHC classes are supplemental to what is being taught in the home and are meant for enrichment purposes only. As the parent, I also realize that these classes will not complete any curriculum, only enhance them. The instructors do not teach the entire subject matter, but are only enriching and assisting my instruction at home.

_____ I understand that SAHC does not keep permanent records or assign grades.

_____ I understand that SAHC does not give credit toward high school graduation requirements; although parents may use class time toward fulfilling some requirements in a given subject, according to the parent's own discretion.

_____ I understand that SAHC does not give legal protection or legal assistance. Also SAHC is not obligated to testify regarding your homeschool's validity, authenticity, or effectiveness to legal authorities or in court.

_____ I agree that my children will strive to regularly attend all classes for which I have registered them. They will arrive on time, fully participate in the class by completing any homework assignments and engage with other students and the instructor during class time.

_____ I understand and agree that I must remain on the premises the entire time and be responsible for my children regardless of their age whenever they are participating in co-op.

_____ I understand and agree that SAHC's Leadership Team, Instructors or Millwood Presbyterian Church will at no time be responsible for mishaps, injuries, or accidents that may occur during the year.

_____ I understand and agree to fulfill my duties as assigned by the Leadership Team.

_____ I understand and will abide by the refund policy (absolutely no refunds)

_____ Monthly fees are due on the 1st Wednesday of the month. Any late payments will be assessed a \$5 late fee.

Parent's Signature _____.

Parent's Signature _____.

Date _____.

**STUDENT AGREEMENT
SAHC HOMESCHOOL CO-OP**

All students enrolled in SAHC must adhere to the following guidelines:

- Be honest, courteous and patient with everyone; treating others with kindness.
- Respect and obey those in authority.
- Be on time for classes (this means arriving before class begins).
- Use respectful and polite language.
- Remain with your class unless you obtain permission from your teacher to leave and be in the appropriate areas at all times; not roaming the building or property.
- Do not bring electronic devices of any kind to classes (music, gameboys, phones, etc).
- Do not bring weapons, including pocket-knives, on the property.
- Complete homework (if any) given by your instructor and fully participate in class by engaging with other students and the instructor during class time.
- Contact the instructor when you are absent.
- Reimburse for any damage done by the student to the facility or equipment.

Please have each child in your family read and sign this.

I have read (or my parent has read to me) and I agree to abide by the above guidelines. Each student only needs to sign once.

Student signature _____.

Student signature _____.

Student signature _____.

Student signature _____.

Student signature _____.

Student signature _____.

Date _____.

**RELEASE FORM
FOR SAHC CO-OP**

MUST READ AND SIGN

I have read and concur with the Spokane Area Homeschool Co-op (SAHC) guidelines, policies and procedures, vision and mission statement and agree to abide by them.

I understand that the SAHC serves solely as a support group and enrichment cooperative program and is not responsible for the education of my children. I understand and agree that it is my responsibility to be aware of, and in compliance with, the laws governing home educators in the state of Washington.

I, the undersigned, acknowledge that participation in all activities involves risk of personal injury. In consideration for being allowed participation in the SAHC, I hereby release, discharge, and hold harmless SAHC and Millwood Presbyterian Church, its representatives, teachers, volunteers and members from any claims arising out of, or relating to, physical or other injury that may result while participating in SAHC events.

Parent's Signature _____.

Parent's Signature _____.

Date _____.

Family Registration Fee	
Choir Registration Fee	
Monthly Fee	
Teacher Discount (\$10.00 off)	
Donation for scholarships	
TOTAL	

Please make checks payable to: **Laura Kaczor**

We do not want anyone to not participate because of lack of finances. If you would like to donate to our scholarship fund, please indicate an amount above. If you are in need of a partial or full scholarship for this co-op session, please send an email requesting your needed amount and financial circumstances to laurakaczor.com before registration.

Payment is due in full at the time of registration. Any arrangements for scholarships must be made before registration may be completed.

REGISTRATION CHECKLIST SAHC CO-OP

Please bring the following completed items with you to registration:

- Family Application and Information Form
- Parent Agreement
- Student Agreement (signed by each student attending co-op)
- Release Form
- Method of payment (all registration and class fees must be paid in full at time of registration)