

Creekside Homeschool Co-op Forms



Creekside Homeschool Co-op
APPLICATION FOR ADMISSION – CONFIDENTIAL

Name of Child _____ Nickname _____
Date of Birth _____ Gender _____ Age _____
Street Address _____ City _____ Zip _____

Does your child have Allergies? YES NO If yes, lease list:

Father's Name: _____
Employer: _____
Business Phone: _____ Cell Phone: _____
Home Address: _____

Christian: YES NO Member of _____ Church

Mother's Name: _____
Employer: _____
Business Phone: _____ Cell Phone: _____
Home Address: _____

Christian: YES NO Member of _____ Church

Preferred email address: _____

Name and ages of child's sisters/brothers (indicate if they live in the home):

Is either parent deceased?	YES NO	If yes, when? _____
Are the child's parent's divorced?	YES NO	If yes, does the child have a stepparent? YES NO
Is your child potty trained?	YES NO	

How does he/she get along with others? _____

List any problems your child may have: _____

List any helpful information on the following: toilet habits, sleep and nap habits, eating habits and/or difficulties, fears, behavior habits such as biting nails, thumb sucking, tantrums, biting, etc.

Do any other children in your home have any behavioral or physical difficulties? (if yes, please explain)

Person(s) to be contacted in case of emergency when parents cannot be reached:

Name (relationship)	_____	Phone	_____
Name (relationship)	_____	Phone	_____
Preferred Doctor	_____	Phone	_____
Preferred Hospital	_____	Phone	_____

How did you hear about Creekside Homeschool Co-op
or who recommended you to Creekside Co-op? _____

HAVING READ AND/OR AGREE TO THE CO-OP POLICIES AS OUTLINED IN THE CREEKSIDE HOMESCHOOL CO-OP HANDBOOK, I/WE HEREBY APPLY FOR ADMISSION OF

(NAME OF CHILD)

**TO THE CREEKSIDE CHURCH HOMESCHOOL CO-OP 2025 YEAR AND ACCOMPANY THIS APPLICATION WITH THE
MEMBERSHIP FEE OF \$ 75**

AND

CLASS FEES

\$20 each child

DUE AT TIME OF ENROLLMENT.

I WILL COMPLY WITH THE RULES AND POLICIES AS SUGGESTED BY THIS SCHOOL.

Date: _____

Signature of Parent _____

**Creekside Homeschool Co-op
Student Profile Information Sheet**

(PLEASE PRINT NEATLY)

Class _____

Date _____

Child's name _____	Nickname _____
Address _____	City _____ Zip _____
Birth date _____	Age _____
Allergies _____	

PARENTAL CONTACT

Please list numbers where you can be reached while your child is in school.

Father's name _____	Mother's name _____
Home phone # _____	Home phone # _____
Cell phone # _____	Cell phone # _____
Work phone # _____	Work phone # _____

EMERGENCY CONTACT

If parents can't be reached, list names of persons to be called in case of emergency.

Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

AUTHORIZED PICKUP

Other than parents, list names of those who are allowed to pick up your child from school.

Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

Miscellaneous Information

Sibling(s) name(s) & age(s): _____

Are there any foods or drinks that your child should NOT have? _____

Does your child have any health problems we should be aware of? _____

Does your child have any trouble with vision or hearing? If so, explain. _____

Does your child have any special fears? _____

List any information you feel about your child that is important for the school to know. _____

Creekside Homeschool Co-op Liability Release Waiver

I, _____, (printed name of parent/guardian, have been informed of the guidelines, policies and procedures of Creekside Homeschool Co-op and assume all the risks of participating and/or volunteering in this activity.

I understand that all reasonable safety precautions will be taken by any and all workers and/or volunteers of Creekside Homeschool Co-op and that the possibility of an unforeseen hazard does exist. I agree not to hold Blue Creek Baptist church and /or Creekside Homeschool Co-op and all their administrators, instructors, workers and or volunteer staff liable for damages, losses, diseases, or injuries incurred by myself or any minor (listed on this form.

I certify that I have read this document and I fully understand its contents. I am aware that is a release of liability and a contract, and I sign it of my own free will.

_____	_____	_____
Print parent/ Guardian's Name	Signature of parent/Guardian	Date

Parent/Guardian waiver for Minors (under 18 years old)

The undersigned parent and/or guardian does hear by represent that he/she has consented to his/her child participation in Creekside Homeschool Co-op a ministry of Blue Creek Baptist Church and has agreed individually and on behalf of each minor child listed below to the terms of the liability release Waiver set forth above. The undersigned parent or guardian further agrees to save, hold harmless and indemnify each and all the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and releases said parties on behalf of the minor and the parents or legal guardian listed below.

_____	_____	_____	_____
Print Minor Participant's Name	Age	Signature of Parent or Guardian	Date
_____	_____	_____	_____
Print Minor Participant's Name	Age	Signature of Parent or Guardian	Date
_____	_____	_____	_____
Print Minor Participant's Name	Age	Signature of Parent or Guardian	Date
_____	_____	_____	_____
Print Minor Participant's Name	Age	Signature of Parent or Guardian	Date
_____	_____	_____	_____
Print Minor Participant's Name	Age	Signature of Parent or Guardian	Date

