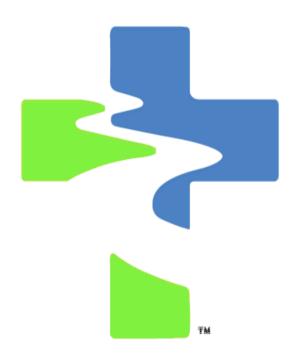
## Creekside Homeschool Co-op Forms



## Creekside Homeschool Co-op APPLICATION FOR ADMISSION – CONFIDENTIAL

Name of Child			Nickname		
Data of Birth			Condor		Age
Stroot Addroop			City		Zip
Does your child have Al	lergies? YES	NO	If yes, lease list:		
Father's Name:					
Employer:				Call Dhana.	
Business Phone: Home Address:				Cell Phone:	
Christian: YES NO	Member of				Church
Mother's Name: Employer:					
Business Phone: Home Address:				Cell Phone:	
Christian: YES NO	Member of				Church
Preferred email address	3:				
Name and ages of child	's sisters/brot	hers (ir	ndicate if they live in the ho	me):	
Is either parent decease	ed? YES	NO	If yes, when?		
Are the child's parent's divorced?	YES	NO	If yes, does the child have stepparent?	ve a YES	S NO
Is your child potty traine	ed? YES	NO	- I. I · · ·		

How does he/she get List any problems you			
	nation on the following: toilet habits such as biting nails, thumb sucking,	sleep and nap habits, eating habits and/or difficulties, tantrums, biting, etc.	
Do any other childrer	n in your home have any behavioral c	r physical difficulties? (if yes, please explain)	
Person(s) to he contac	ted in case of emergency when pare	nts cannot be reached:	
Name (relationship)	ted in case of emergency when parel	Phone	
Name (relationship)		Phone	
Preferred Doctor		Phone	
Preferred Hospital		Phone	
•	out Creekside Homeschool Co-op d you to Creekside Co-op?		
	R AGREE TO THE CO-OP POLICIES AS REBY APPLY FOR ADMISSION OF	OUTLINED IN THE CREEKSIDE HOMESCHOOL CO-OP	
TO THE CREEKSI	(NAM) DE CHURCH HOMESCHOOL CO-OP <u>2</u> <u>MEMBERSHIF</u> <u>CL</u> \$20  DUE AT TIM	IE OF CHILD)  025 YEAR AND ACCOMPANY THIS APPLICATION WITH  FEE OF \$ 75  AND  ASS FEES  each child  OF ENROLLMENT.  POLICIES AS SUGGESTED BY THIS SCHOOL.	THE
Date:	Signature of Parent		

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

Class	
Date	

	(PLEASE PRIN	JT NFΔTI V)	<u>Date</u>
Child's name	(I LEAGE I TIII)	Nickname	
Address		City	Zip
Birth date		Age	
Allergies			
	DADENTAL		
Places list numbe	PARENTAL (		ur child is in school
	ers where you can be r		
Home phone #		Cell phone #	
Work phone #		Work phone #	
	<b>EMERGENCY</b>	CONTACT	
If parents can't be rea	ched, list names of pe	ersons to be call	ed in case of emergency.
Name	Relationship		Phone #
Name	Relationship		Phone #
	AUTHORIZE		
Other than parents, l			pick up your child from
Maria	Scho		Dhana #
Name	Relationship	_	<b>5</b>
Name	Relationship		Phone #
	Miscellaneous	Information	
Sibling(s) name(s) & age(s):		illioilliation	
Are there any foods or drink	s that your child should	NOT have?	
Does your child have any he	ealth problems we shoul	d be aware of?	
Does your child have any tr	ouble with vision or bear	ing? If so evaluin	
Doos your office flave ally th	ouble with vision of near	iii 50, Gapiaiii.	
Does your child have any sp	pecial fears?		

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

Rev. 2024-2025

## 

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