Lake Chelan Christian Homeschool Co-op

Registration Contract Form

| Family Information | | | | | | | | | |
|---|------|---------------|-------------------------|---------------------------------------|-------------------|----------------|------|---|-------|
| Family's Last Name | | | Dad's First N | ame | Mor | n's First Name | | | |
| Mailing Address | | | | City | | Zip | | | |
| Primary Contact Number [] Please Do Not print number in co-op directory | | | | Contact Number of Parent at the Co-op | | | | | |
| Email Address [] Please Do Not print email in co-op directory | | | | Emergency Contact Name and Number | | | | | |
| Please complete the information below for all the children who will be in LCCHC for the school year, including children not enrolled in classes. Child's name should be listed as you want it to appear on class rosters and in the yearbook. The grade listed below should be for the upcoming school session that you are enrolling in. | | | | | | | | | |
| Child's Name (First, La | ist) | Date of Birth | Grade | C | hild's Name (| First, La | ast) | Date of Birth | Grade |
| | | | | - | | | | | |
| | | | | \vdash | | | | | |
| | | | | | | | | | |
| All LCCHC parents are required to contribute to its operations by completing assigned weekly jobs as well as being available to help with other jobs as needed. We encourage all parents to consider volunteering for two hours in some capacity and then spending one hour in community. If there is a particular family you are wishing to be in community with, please coordinate prior to signing up for a job. Please remember that each family must fulfill 3 credit requirements per quarter in order to maintain attendance to LCCHC. Please list any medical limitations and specify if unable to perform a specific job: | | | | | | | | | |
| Potential Jobs List: | | | | | | | | | |
| ☐ Teacher☐ Teacher Assistant/☐ Nursery/ Preschool | | | ☐ Classr☐ Welco☐ Floate | me | n Helper Table | | lean | Helper up Helper al Interest Comm | ittee |

Parent Contract

By signing below, I acknowledge that I have read the Lake Chelan Christian Homeschool Co-op Handbook and have reviewed LCCHC Policies and Expectations with my children. I agree to abide by the rules and expectations as presently listed as well as the Peacemaker's Pledge. Furthermore, by signing this contract and submitting the annual non-refundable registration fee of \$100. I established my family membership in, and commitment to LCCHC for the 2022-2023 school year.

| Please Initial: | | |
|---|---|--|
| I certify that the information I have provided on this co- only registering children for whom I am the legal guard | - | |
| omy registering emitted whom I am the regar guard | | |
| I agree to remain within LCCHC boundaries the entire | time my children are at LCCHC. If I have to | |
| be gone for any reason while my children are at LCCH | C I agree to ensure they have a Temporary | |
| Guardian appointed with the proper paperwork filled. | | |
| In case of an accident or illness that results in harm or | injury to any of my children, I agree to hold | |
| harmless Lake Chelan Christian Homeschool Co-op, it | ÷ | |
| Chelan Bible Church for any damages, medical care an | nd/or expenses. | |
| I agree to pay tuition fees for classes on or before the | tuition due date. I understand that tuition is | |
| non-refundable unless otherwise determined by the Lea | | |
| Lyandamatan dethat Lyvill has manyimed to fulfill the account | isha agaismad to me and that I must fulfill 2 | |
| I understand that I will be required to fulfill the co-op jobs assigned to me and that I must fulfill 2 credits required each quarter in order to maintain our membership at LCCHC. | | |
| credits required each quarter in order to maintain our in | lembership at Leche. | |
| I understand that once the Leadership Team assigned n | ne a place to serve, it is my responsibility to | |
| find a replacement, for any day that I am unable to atte | nd co-op. | |
| I understand that should I choose to move my child to | another class after the first day I end up paying | |
| for both classes. | , , , , , | |
| I agree to be responsible for the behavior of the children | an in my cara. I agree to pay for or replace | |
| anything that my children or I break at Lake Chelan Bi | | |
| | 0.1 0 0.1.11 0.12 | |
| I agree to abide by the Peacemakers Pledge and all pol | icies included in the LCCHC Handbook. | |
| | | |
| Parent Signature: | Date: | |
| | | |
| Darant Signatura: | Data | |
| Parent Signature: | Registration Contract Form 2//2 | |

Lake Chelan Christian Homeschool Co-op Photo Release Form

I understand that Lake Chelan Christian Homeschool Co-Op (LCCHC) may take photos and/or videos of participants within our programs for use in educational or promotional materials in print, multimedia, or web form. Photos and/or videos will **only** be used for purposes related to LCCHC and the church.

The Leadership Team has a pre approved list of photographers. Parents are **not allowed** to take pictures during class, to protect the privacy of individuals who wish not to have their children's photos taken.

Teachers may be taking photos of work done in their class for end of year presentations and other co-op related events.

Name:

By signing below, I agree to let LCCHC to use my or my child(ren)'s photos (likeness) on promotional materials in print, multimedia, or the church website.

| 1 (dille: | |
|-----------------------|-------|
| Phone Number: | - |
| Child(ren)'s Name(s): | |
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| | |
| | |
| Signature: | Date: |

Lake Chelan Christian Homeschool Co-op

Background Check Authorization Form

| Print Name: | |
|---|------------------------------------|
| Former Name(s), Date used: | |
| Current Address: | |
| Date of Birth: | |
| Telephone Number: | |
| Do you have any Criminal convictions? | Yes No If yes, please explain: |
| Do you have any pending Criminal convicti | ions? Yes No |
| If yes- please explain: | |
| The information contained in this application | |
| knowledge. I hereby authorize Lake Chelan | Christian Homeschool Co-op and its |
| representatives to conduct a comprehensive | |
| report and/or investigative consumer report | • |
| *A copy of your background check will be a | made available within 10 days if |
| requested. | |
| I give my permission to run a background cl | heck, |
| Signature: | Date: |

Lake Chelan Christian Homeschool Co-op *The Peacemaker's Pledge*

A Commitment to Biblical Conflict Resolution

Please read over the Peacemaker's pledge in the handbook and have each person who wants to be a part of the co-op sign below.

By signing this form each member of my family agrees to uphold the Peacemaker's Pledge. (Every member of the family needs to sign this form.)

| Signature: | Date: |
|------------|-------|
| Signature: | Date: |
| Signature: | Date· |

Lake Chelan Christian Homeschool Co-op

Handbook Agreement

| I,, have received | and read the Lake Chelan Christian |
|---|---|
| Homeschool Co-op Handbook. By signing this do | cument, I agree to all the terms listed |
| within the handbook and take responsibility for my | y children's conduct while at the Co-op |
| I agree to stay on campus during the Co-op hours | and to Fufilling my required 2 credits |
| per quarter. If I am absent, I understand it is my re | sponsibility to find a replacement |
| during my absence. I understand that this Co-op is | able to succeed because we all come |
| together and work as a team to give your children | a unique and Godly learning |
| experience. | |
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| | |
| | |
| Signature: | Date: |
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