

NYAC Registration

Parent's Name (person attending co-op): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Spouse: _____ Phone Number: _____

Church Affiliation: _____

Do you attend church regularly? Yes No

Please let us know if you have a gift or talent in a specific area (academic or otherwise). We would love to provide the opportunity for you to use this gift to bless the families at co-op.

Please select the areas that you would like to work in:

- Babies Toddlers Pre K Kindergarten
- Inventors Unit Studies (Elementary) Social Studies (Elementary)
- Science (Grade _____) History (Grade _____) Writing/Grammar (Grade _____)
- P.E. Art (Grade _____)
- Other _____

Please let us know if there is any area you would NOT like to work in:

Student Information

Please include all children that will be attending co-op

Child's Name: _____

D.O.B.: _____ Age: _____ Grade: _____

Does this child have any known disabilities, allergies, asthma, or other problems that may need attention during co-op? Please specify.

Child's Name: _____

D.O.B. _____ Grade: _____

Does this child have any known disabilities, allergies, asthma, or other problems that may need attention during co-op? Please specify.

Child's Name: _____

D.O.B. _____ Grade: _____

Does this child have any known disabilities, allergies, asthma, or other problems that may need attention during co-op? Please specify.

Child's Name: _____

D.O.B. _____ Grade: _____

Does this child have any known disabilities, allergies, asthma, or other problems that may need attention during co-op? Please specify.

Parent Agreement

Please initial each line

_____ I have read and agree to abide by the information in the NYAC Handbook.

_____ I understand that NYAC 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 NYAC does not keep permanent records and any grades assigned are to be used at my discretion.

_____ I understand that NYAC does not give credit toward high school graduation requirements; although parents may use class time toward fulfilling some requirements in a given subject.

_____ I understand that NYAC Leadership and/or Longview Staff has the right to dismiss a family from co-op should their words/actions be contrary to our Statement of Faith or NYAC Handbook.

_____ 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 that my attendance affects everyone in the co-op. I further understand that absences in excess of four (4) per semester could be grounds for dismissal.

_____ 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 NYAC's Leadership Team, Instructors or Longview 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. This includes being fully prepared for any class that I may be asked to teach and arranging a substitute teacher for all classes should I have to miss a day of co-op.

_____ I understand the refund policy as stated in the NYAC Handbook.

Parent Signature: _____

Date: _____

Release Form

MUST READ AND SIGN

I have read and concur with the Not Your Average Co-op (NYAC) guidelines, policies and procedures, vision and/or mission statement and agree to abide by them.

I understand that NYAC 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 my state.

I, the undersigned, acknowledge that participation in all activities could involve risk of personal injury. In consideration for being allowed participation in NYAC, I hereby release, discharge, and hold harmless NYAC and Longview 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 NYAC events.

Father's Signature_____.

Mother's Signature_____.

Date_____.

High School ONLY

Student Name: _____ Grade: _____

These are the classes that we would like to offer BUT final classes will not be definite until all registration forms are turned in. Final classes will be determined by (1) class interest and (2) teacher availability. Please do not purchase books until final schedules have been announced.

Please select one class from each block.

Block 1 Class Options (9:30-11:00)

- Forensics
- Elective _____

*Biology is a prerequisite

Block 2 Class Options (11:00-12:00)

- Essay Writing/Speech
- Essay Writing/Art
- Elective _____

Block 3 Class Options (12:30-2:00)

- U.S. History
- Government/Economics
- Elective _____