

# 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 our families.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- Babies       Toddlers       Pre K       Kindergarten  
 Science-Unit Studies(Elementary)    SS-World History Unit 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:

\_\_\_\_\_  
\_\_\_\_\_

## **Registration Fees - Due by August 1, 2022**

Registration Fee for the year includes **two (2)** students      \$ 125.00

Additional Students @ \$10.00 each: \_\_\_\_\_ add'l student/s X \$10.00 = \$ \_\_\_\_\_

High School Lab Fee for families with students taking science      \$ 50.00

Late Fee of \$35.00 **if** registration and fees are submitted **after 8/1/2022**      \$ \_\_\_\_\_

**Total Due:**      \$ \_\_\_\_\_\*

**Mail Completed Registration and Payment (check payable to Jessica Bertrand) to:**  
Jessica Bertrand, 9147 Lakeside Drive, Olive Branch, MS 38654

## Student Information

Please include all children that will be attending co-op

**Child's Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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**Child's Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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**Child's Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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**Child's Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

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# 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 a 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 Olive Branch Christian Church 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 Church of the Harvest 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 Church of the Harvest, 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: \_\_\_\_\_