

Georgetown Homeschool Group - Membership Application

Name

Last	First	Spouse
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Address

Street	City	State	Zip
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Phone	Home	Cell
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Email Address

Church Affiliation (if any):

Number of years homeschooling:

Do you intend to homeschool beyond Kindergarten? Yes / No

Previous Co-Op Experience:

Name of Co-Op	Years Attended	Reason for Leaving

Please list 3 character references & contact info for each (ex: Sunday school teacher, friend, neighbor). Reference may not be a relative.

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Applying for FULL Membership **or** ASSOCIATE Membership? (Please circle one)

Please list all children who will be participating (You may attach a separate sheet if needed):

NAME:	Age & Birth date	Grade Applying for	Male or Female?	Are you this Child's Legal Guardian (Y/N)	Child lives in your home? (Y/N)

	Age &	Grade	Male or	Are you this Child's	Child lives in
NAME:	<u>Birth date</u>	<u>Applying for</u>	<u>Female?</u>	<u>Legal Guardian (Y/N)</u>	<u>your home? (Y/N)</u>

Please list any allergies/sensitivities that we need to be aware of:

Please list any medical/behavioral/psychological condition(s) that might affect participation in our group:

Has your child ever had any problems in any school/classroom setting? If yes, please explain:

*NOTE: Have you signed/completed the following?

Statement of Faith? Yes / No

Statement of Commitment? Yes / No

Release of Liability? Yes / No

Release to perform a Background Check? Yes / No

Enclosed your \$25 NON-REFUNDABLE Application Fee? Yes / No

_____ (Please initial) I understand that my obligation to pay the tuition and fees for Fall/Spring Semester is unconditional and that no portion pre-paid or outstanding will be refunded or canceled. Additionally, no student will be considered for enrollment for membership of any kind who has fees or tuition outstanding from a previous semester.

ALL applicants must be approved by Georgetown Homeschool Group Board of Directors before the applicant is considered a Full or Associate member of the GHG Co-op. All applications will be carefully considered. The GHG Board of Directors reserve the right to deny any application without explanation.

****By signing below, you agree to all the terms and conditions set forth with this application and its contents, including the above listed forms.**

I/we, _____, understand and certify that all information given is accurate. I/we agree to have our child/children abide by the GHG Handbook and any rules or regulations GHG finds necessary to implement to maintain the safety, atmosphere, and character of Georgetown Homeschool Group.

Printed Name

Signature

Date

*** Please mail all completed forms and \$25 application fee to:** Georgetown Homeschool Group, PO Box 823, Georgetown, KY, 40324

Georgetown Homeschool Group Background Check

Name: _____

Maiden or other name(s) in any and all other records of birth or records of residence:

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____

Place of Birth: _____

Social Security Number: _____

Gender: ☐ Male ☐ Female

Drivers License Number: _____

State: _____

Do you have a Photo ID? ☐ Yes ☐ No

Home Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

I, _____, am an applicant for volunteer work with the Georgetown Homeschool Group and have been advised that as a part of the application process, the group conducts a criminal history background check. I do hereby consent to the Georgetown Homeschool Group to use any information that is provided in this application to

perform a criminal history check. The GHG board has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer volunteer work. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the Georgetown Homeschool Group. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.

The following are my responses to questions about my criminal history (if any):

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Excluding minor traffic misdemeanors).

☐ Yes ☐ No

If yes, please provide the details below:

State: _____ County: _____ Date of Offense: ____/____/____

Details of Conviction: _____

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?

☐ Yes ☐ No

If yes, please provide the details below:

State: _____ County: _____ Date of Offense: ____/____/____

Details of Conviction: _____

3. Have you ever received probation or community supervision for any federal, state or municipal offense?

If yes, please provide the details below:

State: _____ County: _____ Date of Offense: ____/____/____

Details of Conviction: _____

4. Have you ever been convicted of any criminal offense in a country outside of the jurisdiction of the United States?

If yes, please provide the details below:

State: _____ County: _____ Date of Offense: ____/____/____

Details of Conviction: _____

5. As of the date of this consent form, do you have any pending charges against you?

If yes, please provide the details below:

State: _____ County: _____ Date of Offense: ____/____/____

Details of Conviction: _____

Please list all counties and states of residence since the age of eighteen:

City / Town

County

State

Country

I hereby certify that all the information that is provided in this consent form is true, correct and complete. All Offers of volunteer work are contingent upon the applicant's successful completion, as determined by the GHG board's sole discretion, of this criminal history / background check.

Signature of the Applicant

Authorized Person Requesting a Background Check:

Print Name: _____

Signature: _____

MEDICAL RELEASE FORM

Name of Child	Address	Birthdate
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Name and Home Address of Parent or Guardian	Home Phone #
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Name /Place of Father's Employment	Office Phone #
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Name/Place of Mother's Employment	Office Phone #
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Authorized Escort Other Than Parent	Phone #
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Emergency Contact Person	Phone #
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Medical History

Name of Family Physician	Phone Number
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Drug and/or Food Allergies

Learning disabilities teachers should be aware of _____

Has child's immunization program been started? _____

I hereby authorize the Georgetown Homeschool Group to obtain emergency medical care for my child

Date _____ Parent Signature _____

Date _____ Witness Signature _____

RELEASE OF LIABILITY

I, _____(Parent or Guardian) release the

Georgetown Homeschool Group from any liability for my
child(ren), listed below, during classes, time in the teacher's
lounge, field trips, or any other scheduled event

(PRINT each child's name in the blanks)

_____	_____
_____	_____
_____	_____
_____	_____

Signed _____ Date _____

Signed _____ Date _____

(Please have both parents sign when applicable)

*Insurance that has been purchased for the co-op covers damage to the facilities as well as secondary coverage to your primary insurance. The Georgetown Homeschool Group commits to the families enrolled in the program a safe environment for children to take classes that supplement what is being done in your homeschool endeavors. We further commit that the classes and activities will align with our statement of faith. Children will be encouraged to develop in their Christian walk through the positive role models found in our teachers and in the standards exemplified through our policies and procedures.

As a parent of children enrolled in the Georgetown Homeschool Group, I will:

o Accept that the classes offered to my children are taught from a Christian

worldview and at no time will you attempt to alter this teaching position during co-op classes and activities.

- o Fulfill my financial obligation to the group through timely payment of amounts due for tuition, supply fees, insurance fees, and any amounts due for incidental activities that my children choose to participate in.
- o Stay on the church premises from the time that my children arrive for classes until the time that they leave. If I need to leave because of an emergency situation, it is my responsibility to get the approval of one of the Board of Directors and then to sign out at the front desk. When I sign out, I will leave emergency contact information on the sign out sheet. If I need to leave for a non-emergency reason, I understand that I must take my children with me at that time. This applies to me only if I have children enrolled in Grade 8 or below.
- o Fulfill the monitoring requirements as outlined by the Monitor Coordinator at the beginning of each academic semester.
- o Adhere to a biblical standard in any instances where conflict resolution is necessary. I will commit to first going to the individual that I have offended or been offended by. If this does not resolve the conflict, I can then request that a board member become involved in the situation to seek an amiable resolution. I further understand that at no time is it permissible to participate in gossip or malicious conversation about the situation with those that are not involved.
- o If I fail to keep this commitment, I understand that my family can be asked to leave the Georgetown Homeschool Group for it is a cooperative that requires the cooperation and contributions of all of its members.

Parent Name and Signature: _____

Date: _____

Statement of Faith

This group is a Christian organization. The group's enrichment and instruction activities shall be governed by the Statement of Faith.

1. We believe that the Holy Bible is the only written Word of God. It is divinely inspired, inerrant, and infallible. We encourage all students to bring their own copy of the Holy Bible containing the full text of the 39 Old Testament and the 27 New Testament books each week to fully participate in class activities and scripture memorization.
2. We believe that all things in the universe were created and made by God in the six literal days of the creation week described in Genesis 1:1-2:3 and confirmed in Exodus 20:8-11. All theories of origins, which involve evolution, are false.
3. We believe that there is one living and true God; an infinite, intelligent Spirit, perfect in all His attributes, one in essence but eternally subsistent in three persons: Father, Son, and Holy Spirit.
4. We believe in the fall of man; although originally created in the image of God, through the disobedience of Adam, man fell into a sinful and spiritually impotent state, totally unable to justify himself before God.
5. We believe in the deity of our Lord Jesus; in His virgin birth; and sinless life; in His miracles; in His vicarious and atoning death through His shed blood on the cross; in His resurrection; in His ascension to the right hand of the Father; and in His personal return in power and glory.
6. We believe that salvation is wholly of God, by grace; that God in love gave His only Son to die on the cross for sin, thus procuring the redemption of those who come to Him; that this salvation is not merited in anyway by man; that God commands men everywhere to repent of sin and believe in Christ.

*While it is not necessary for participants of this group to **believe** this statement of faith in whole or in part, it is necessary for parents to **understand** that this group will be **governed** by this statement of faith.*

Parent Name: _____

Parent Signature: _____

Date: _____