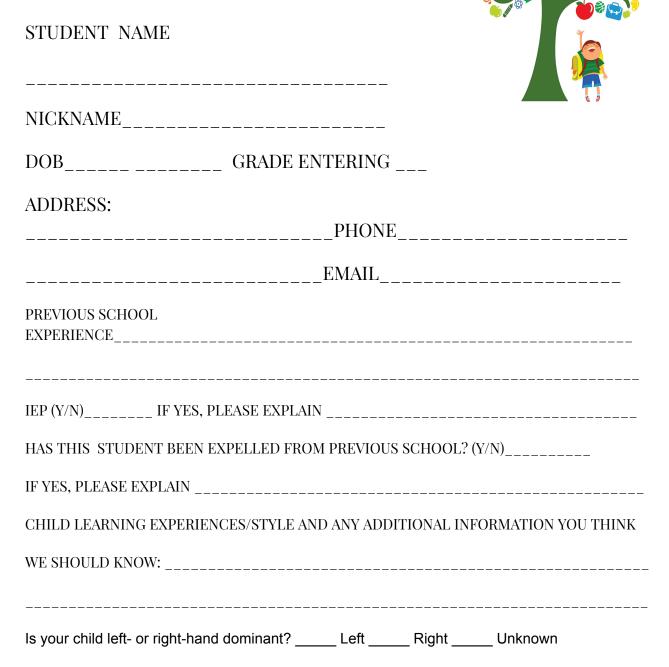
## 2024/25 BROOKS UMC MICROSCHOOL PROGRAM

## **Student Registration Form**

Please fill out, sign and return to Ms. Terri prior to the required family interview. This form does not guarantee acceptance.



Does your child have any allergie	es to food, insect bites, medication, etc.?
If yes, please explain:	
Are there any special medical neo	eds required for the care of your child? If so, please explain:
Religious Affiliation:	Church you Attend:
Would you like more information a	about Brooks UMC?
	Neither
Email:	
Employer:	Address:
Occupation:	Work Phone:
Father's Name:	Cell Phone:
Email:	
Employer:	Address:
Occupation:	Work Phone:
RELEASE AUTHORIZATIONS (	other than parents)
Name:	Relationship:

Address:	Best Phone Number:
Name:	Relationship:
Address:	Best Phone Number:
EMERGENCY AUTHOR reach parents/guardians	ZATION: In case of emergency, whom should we contact if we cannot
Name:	Relationship:
Address:	Best Phone Number:
Name:	Relationship:
Address:	Best Phone Number:
MEDICAL INFORMATIO	<b>1</b> :
Doctor:	City:
Phone:	
PHOTOGRAPH AUTHO	RIZATION-(PLEASE COMPLETE AND INITIAL):
Pictures of my ch Program including social	d may be taken for use WITHIN BUMC Hybrid Homeschooling media.
Pictures of my ch Program including social	d may be taken for use OUTSIDE BUMC Hybrid Homeschooling media.
I understand the Church or Program medi	e photos may be used for church publications and other forms of

## AGREEMENT:

accordance with the Georgia Homeschooling Laws from August through May, following the Fayette County School Calendar.
I understand this program operates under an exemption from Bright from the Start and is not a licensed daycare or school.
I agree to provide a current Declaration of Intent to Homeschool with Fayette County.
I agree to supplement the additional time needed to fulfill the requirements to meet the Georgia Homeschooling Law of 180 days equivalent to 4.5 hours a day totalling 810 hours.
I understand the qualified candidates will educate my child to the best of their ability and understand there are no guarantees made.
There is a non-refundable registration fee for all classes due at registration.
I will pay the book fee to Brooks UMC School to provide my child's books <b>OR</b>
I will personally purchase the text books for my child. (Contact School Director)
Tuition is due on the 1st of each month. A \$35 late fee will be charged after the 10th day of the month. The firs tuition payment is due before the first day of class.
I acknowledge that my child must have a current immunization record or exemption form or file and cannot be admitted without this form.
I hereby authorize Brooks UMC Hybrid Homeschooling Program to have my child transported to Piedmont Fayette Hospital in the event of a medical emergency.
I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep record of all information and authorizations pertaining to my child up to date.

## PARENT/GUARDIAN SIGNATURE

DATE

Student Name:	
For Office Use Only:	
Student Name:	
Student Grade:	<u></u>
* registration fee:	Book Fee:Check #:
Date:	
* Immunization Form:	Declaration of Intent to Homeschool