



# Fearfully & Wonderfully Made Academy Homeschool Co-op Enrollment Application

Date of Application: \_\_\_\_\_

Please share some information about your family.

Child 1:

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Does your child have any allergies? If so, please explain.

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Will your child need to take any medications during the co-op day? If so, please explain.

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Does your child have any known learning struggles or diagnoses that affect his or her ability to learn successfully? If yes, please explain any necessary accommodations.

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Child 2:

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Does your child have any allergies? If so, please explain.

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Will your child need to take any medications during the co-op day? If so, please explain.

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Does your child have any known learning struggles or diagnoses that affect his or her ability to learn successfully? If yes, please explain any necessary accommodations.

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Child 3:

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Does your child have any allergies? If so, please explain.

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Will your child need to take any medications during the co-op day? If so, please explain.

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Does your child have any known learning struggles or diagnoses that affect his or her ability to learn successfully? If yes, please explain any necessary accommodations.

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**\*\*If you wish to enroll more than 3 children, there will be a place at the end to add their information.**

Parent/Guardian 1:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone number: \_\_\_\_\_

Parent/Guardian 2:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone number: \_\_\_\_\_

Other Authorized Adult:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone number: \_\_\_\_\_

**Please share more details regarding your child's registration.**

Are you planning to

have an adult stay with your child(ren) and volunteer during class time

drop your child(ren) off during class time

In which classes are you enrolling your child(ren)?

Music (9:00-9:55- includes welcome, prayer time, announcements, etc.)

STEM (10:00-11:25- includes some whole group and some small group activities)

Lunch & Recess (11:30-12:25)- Bring your own lunches!

\*Depending on how many people we have, we may split into two groups and alternate lunch and recess during this time

Art (12:30-1:30- includes some whole group and some small group activities)

Clean up (1:35-1:50- everyone work together to clean up the building so we can finish quickly and head home)

**Please select a payment option.**

Pay for the year in full by August 15, 2023 for a 10% discount.

Pay on the 15th of each month (Sept-May) beginning September 15, 2023.

To what email should the invoices be sent? \_\_\_\_\_

Please read the following statements and initial each one. Initialing these statements shows that you are in agreement with our procedures and policies.

\_\_\_\_ I agree to abide by the selected payment plan and to pay on time each month as stated in the previous section of this form.

\_\_\_\_ In the very unlikely event of an accident or injury, I understand that Fearfully & Wonderfully Made will not be held liable for any incidents that may occur.

\*\*The following statements only apply to parents choosing the drop off option:

\_\_\_\_ I agree to drop off and pick up my child/teen on time to avoid disrupting the schedules of other sessions. (no more than 5 minutes before drop off and no more than 5 minutes after pick up)

\_\_\_\_ I give my child permission to walk to and from the park with designated adults from Fearfully & Wonderfully Made.

**Please only initial the option that is appropriate for your family.**

\_\_\_\_ I give my permission for Fearfully & Wonderfully Made to utilize pictures of my child on the organization's Facebook page, website, and marketing materials.

\_\_\_\_ I do not want my child's picture to be posted on any social media, websites, or marketing materials. If a group picture is posted, my child's face needs to be covered.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\*\*If you would like to enroll more than 3 children, please include the requested information for additional children here.

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