

St. Ambrose Catholic Homeschool Co-Op Application

Catholic is Our Core!

St. Ambrose Catholic Homeschool Co-Op strives to help families in their role as primary educators of their children. As we are blessed to be able to hold classes on the campus of a beautiful Basilica and offer Mass, rosary, and confession during our regular meeting time, we want to ensure that all families and students participating in co-op share our like-minded vision of a wholly Catholic environment in which to educate our children.

St. Ambrose Catholic Homeschool Co-Op reserves the right to refuse any student for acceptance to our program at the sole discretion of the Core Committee and/or the Basilica Parish staff. We strive to keep high standards for our students and want the environment to be positive, encouraging, beneficial, and above all Christ-like. To ensure we maintain those standards, please fill out the enclosed application questionnaire that will provide us important information about your family.

Mother's Name: _____

Father's Name: _____

Address: _____

E-mail address (mandatory for Slack): _____

Must have at least one cell phone for emergent Remind texts. Please circle best number to reach you:

Home phone: _____

Mom cell phone: _____

Dad cell phone: _____

Working parent's occupation and employer: _____

Are you a registered parishioner of a Catholic parish in the southeast Tennessee, north Georgia or northern Alabama area?

Yes or No **Parish name:** _____

How long have you been a member? _____

Do you and your children attend Mass regularly? _____

Children's names, ages and latest sacrament received. Include babies and toddlers.

How many years have you been involved in homeschooling? _____

Why have you chosen to homeschool your children? _____

What curriculum do you use and for what subjects? _____

Do your children attend any other homeschool programs? If so, where and when? _____

Who is the primary teacher in your child's academic day? _____

What talents, skills, degrees, or experiences do you possess that would benefit co-op students? _____

What classes are you interested in teaching or helping with? _____

Does your child's primary teacher work? Yes or No? Full time or part time? What hours? _____

Has your child ever been involved in smoking, drinking or drugs? Please explain. _____

Has your child ever been suspended, expelled, or asked to withdraw from a public or private school or another homeschooling institution? Please explain. _____

Are you interested in attending afternoon enrichment classes should the opportunity arise in the future (such as cooking, gardening, sewing, manners, public speaking, personal finance, health/wellness/first aid, physical education, or book study)? Please circle: yes or no; if yes, circle above which you are interested in or provide suggestions here:

Would you like to donate to our Scholarship fund? _____ Amount: _____

All new families are required to schedule a virtual visit/interview with the Core Committee before registering. Please e-mail stambrosecoop@gmail.com to schedule it.

Virtual visit date scheduled: _____

**St. Ambrose Catholic Homeschool Co-Op
Participant Information Form**

(one form for each parent, guardian, teacher, student, and nursery-age child)

Name: _____

T-shirt size (please circle): Adult: Small Medium Large XLarge 2XLarge Youth: XSmall Small Medium Large XLarge

Birthdate: _____ Grade: _____ Reading level: _____

For students in grades 1-8, please circle one: Latin or Spanish? Last Latin level? _____

For High School, please circle all classes desired: Latin Theology Grammar & Writing Biology

Desire drop-off for High School? _____

Allergies (food, medication, plants, animals, etc.): _____

Prescribed medications: _____

Past medical history: _____

General health status: _____

Special needs (medical, physical, psychological, learning): _____

Emergency contact (name, cell phone, relationship): _____

Primary care doctor (name, phone number): _____

Preferred hospital: _____

Date of last tetanus shot: _____

Do you consent to have a member of the St. Ambrose Core Committee administer over-the-counter medication (such as Tylenol or Benedryl) or first aid to you or your child? _____

I affirm that the above is true to the best of my knowledge and will inform the St. Ambrose Core Committee of any changes in a timely manner.

Signed name: _____

Printed name: _____

Date: _____

St. Ambrose Catholic Homeschool Co-Op

Participant statement of cooperation

We, _____
have read the St. Ambrose Catholic Homeschool Co-Op handbook and am fully aware that my child(ren) will be taught the core values of the Roman Catholic faith. I fully intend not to contradict that in words or actions during co-op hours and events as that will cause disruption and confusion in the classroom and among the other students. I agree to abide by all rules and policies stated in the handbook.

Prayer time will also be respected and participation is strongly encouraged but not enforced.

Mother:

Signed: _____

Printed name: _____

Date: _____

Father:

Signed: _____

Printed name: _____

Date: _____

Office use

Family name: _____

Paid: _____ Amount: _____ Cash/Check #: _____ Payment plan: _____

Statement of faith signed: _____

Statement of cooperation signed: _____

Adult waiver signed: _____

Youth waivers signed: _____

Media consent form signed: _____

Safe Haven completed: _____

Date completed: _____

St. Ambrose Catholic Homeschool Co-Op
Adult Waiver and Release of Liability
(Please initial each section and sign at bottom)

In consideration of being allowed to participate in any way in the St. Ambrose Catholic Homeschool Co-Op or its related events and activities, the undersigned:

_____ Agrees that the participant should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise the teacher or Core Committee member of such conditions and refuse to participate.

_____ Acknowledges and fully understands that each member and participant of the co-op will be engaging in activities that involve risk of serious injury, including illness, permanent disability and death, including those related to COVID-19, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, or negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us nor reasonably foreseeable at this time.

_____ Assumes all the foregoing risks and accepts personal responsibility for the damages following such illness, injury, permanent disability, or death.

_____ Releases, indemnifies, waives, discharges and covenants not to sue the St. Ambrose Catholic Homeschool Co-Op, its affiliated clubs, their respective administrations, directors, agents and other employees of the organization, other members, participants, sponsoring agencies, sponsors – including the Basilica of Sts. Peter & Paul and the Catholic Diocese of Knoxville – advertisers, and, if applicable, owners and lessors or premises used to conduct the events, all of which are hereinafter referred to as “releases,” from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

_____ By signing below, the signer confirms that he or she has read the above waiver and release, understands that he or she has given up substantial rights by signing it, and that he or she signs it voluntarily.

Name of participant: _____

Signature of participant: _____

Address of participant: _____

Telephone of participant: _____

Date: _____

Name of participant: _____

Signature of participant: _____

Address of participant: _____

Telephone of participant: _____

Date: _____

St. Ambrose Catholic Homeschool Co-Op
Youth Waiver and Release of Liability

(Please initial each section and sign at bottom)

In consideration of being allowed to participate in any way in the St. Ambrose Catholic Homeschool Co-Op or its related events and activities, the undersigned:

_____ Agrees that the parent(s) and/or legal guardian(s) of participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise the teacher or Core Committee member of such condition(s) and refuse to allow their child(ren) to participate.

_____ Acknowledges and fully understands that each member and participant of the co-op will be engaging in activities that involve risk of serious injury, including illness, permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, or negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us nor reasonably foreseeable at this time.

_____ Assumes all the foregoing risks and accepts personal responsibility for the damages following such illness, injury, permanent disability, or death.

_____ Releases, indemnifies, waives, discharges and covenants not to sue the St. Ambrose Catholic Homeschool Co-Op, its affiliated clubs, their respective administrations, directors, agents and other employees of the organization, other members, participants, sponsoring agencies, sponsors – including the Basilica of Sts. Peter & Paul and the Catholic Diocese of Knoxville – advertisers, and, if applicable, owners and lessors or premises used to conduct the events, all of which are hereinafter referred to as “releases,” from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

_____ By signing below, the signer confirms that he or she has read the above waiver and release, understands that he or she has given up substantial rights by signing it, and that he or she signs it voluntarily.

Name(s) of participant(s): _____

Printed name of parent/guardian: _____

Signature of parent/guardian: _____

Address of participant: _____

Telephone of participant: _____

Date: _____

St. Ambrose Catholic Homeschool Co-Op
Media Acknowledgement Form
(Please sign at bottom)

I, _____, acknowledge and understand that the St. Ambrose Catholic Homeschool Co-Op (the "Co-Op") will record, film, photograph, audiotape or videotape my child's name, image, student work, and performance (collectively referred to as "Works") and will display, publish or distribute these Works for the purpose of publishing, posting on the St. Ambrose Catholic Homeschool Co-Op website, posting in Catholic churches, posting on social media sites and/or for broadcasting on television or radio as determined by the Co-Op.

I waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the Co-Op's control. I agree that I will not hold the Co-Op responsible for any harm that may arise from such unauthorized reproduction.

Student's Name: _____

Parent's Printed Name: _____

Parent's Signature: _____

Date: _____