

Olive Plants Registration Year _____ Years homeschooling? _____

Parent Names _____ Address _____

Contact numbers: _____

Email: _____ Will submit to State homeschooling law _____

Consent to use child/family pictures for OP ads/publications? _____

Immediate allergy concern: _____ (explain more on med release form)

If withdrawing from current school, please provide withdrawal form and last grade report.

Please fill out each child's requested schedule below. Be sure to include any study hall periods.

Student Names/DOB	First Period	Second Period	Third Period	Fourth Period	other

Registration and study hall/care fees:

Returning member \$125 / New Member \$175 _____

Building use fee \$15/family _____

Late fee (after June 15th) \$50 _____

*Study Hall 5th - 12th \$50/year x class period x student _____

*(2 children in 1 study hall = \$100/year) **Paid by first day of class*

Greenhouse Care 1st - 4th \$100/year x class period x student ****Paid by 1st day/class** _____

(2 children in 1 GH care = \$200/year)

K5 afternoon care - \$35/mo *or* \$15/day - paid to K tutor

Total paid _____

**** Study hall/care balance due** _____

My family has been provided and has reviewed the Olive Plants Handbook, and agrees to abide by the guidelines therein.

(Parent and students must sign):

Dues Paid	Building fee	Study hall \$	Transcript	Recommendation	Approval

----- **Statement of Faith and Purpose** -----

Olive Plants Co-op Statement of Faith

- We believe the Bible alone to be the word of God, the ultimate and infallible authority for faith and practice.
- We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit. He is omnipotent, omniscient, and omnipresent. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory.
- We believe all have sinned and fallen short of the glory of God.
- We believe salvation is a gift of God. We are saved by trusting the shed blood of Jesus Christ and turning from our sinful ways, believing in him as our Lord and Savior.
- We believe we are saved by grace through faith. We believe that faith without works is dead. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life.
- We believe in the spiritual unity of all believers in our Lord Jesus Christ and that all members of the Body should strive to live in unity with one another regardless of gender, race, social, economic or denominational differences.
- 2 Tim 3:16-17, 2 Peter 1:20-21, Revelation 22:18-19, John 1:1-2, John 1:14, John 1:18, John 10:29-30, John 17:22, Dt 6:4, 1 John 5:7, 1 Tim 2:5-6, Luke 1:31, Heb 2:17, Heb 7:26, Heb 9:28, Matt 27:46, Phil 2:8, 1 Cor 15:4, Rom 3:23, Gen 1-3, John 3:16

Our Purpose: Education should be Christ-centered.

In all its levels, programs, and teaching, Olive Plants Co-op seeks to:

- Teach all subjects with the Scriptures at the center (II Timothy 3:16-17)
- Provide a clear model of the biblical Christian life through our teachers and leaders (Matthew 22:37-40)
- Encourage every student to begin and develop his relationship with God the Father through Jesus Christ (Matthew 28:18-20, Matthew 19:13-15).

Family _____ Signed _____ Date _____

----- **Waiver of Liability** -----

About the Olive Plants Homeschool Co-op Waiver of Liability

In order to provide protection for all parties involved, Olive Plants Homeschool Co-op has created a Waiver of Liability. The hope of Olive Plants Homeschool Co-op is that families, volunteers, instructors, and the co-op board can collaborate to bring outstanding educational enrichment opportunities to homeschooling families in an atmosphere where all parties are respectful and responsible for themselves and/or their family.

Waiver of Liability:

I release, indemnify, and hold harmless Olive Plants Co-op (a non-profit Georgia corporation), its officers, directors, associates, independent contractor instructors and volunteers from and against any claim(s) for damages and/or injury of any nature (except intentional misconduct) arising from, during or pertaining to participation of myself and my family in any activity sponsored or sanctioned by Olive Plants Homeschool Co-op. This indemnification and hold harmless includes any claim(s) by any visitors whom I request be allowed to participate in and/or observe any activity sponsored or sanctioned by Olive Plants Homeschool Co-op. If this Waiver of Liability involves the release of any claim(s) for injury suffered or sustained by a minor, which claim(s) the minor (or minor's guardian, heirs successors or assigns) subsequently assert(s) against Olive Plants Homeschool Co-op, its officers, directors, associates, independent contractor instructors and/or volunteers, then and in that event, I PERSONALLY agree to defend (pay all attorney fees and costs reasonably associated with the defense) of such claim(s) and I PERSONALLY agree to indemnify and hold harmless Rosemont Baptist Church and Olive Plants Homeschool Co-op, a Georgia non-profit corporation, its officers, directors, associates, employees, independent contractor instructors, and volunteers from and against any such claim(s) by said minor for damages. If I, my family, my child(ren,) or guests, cause damage to Rosemont Baptist Church buildings or property, or my child's Instructor's personal property, during the use of, or as a result of such use, I agree to accept responsibility for any damage occurring and will bear the full cost of repair, including replacement, if necessary. By signing the Olive Plants Homeschool Co-op Membership Agreement, I am stating I have read, understood, and agree to the conditions of this Olive Plants Homeschool Co-op Waiver of Liability

Family Name _____ Signed _____ Date _____

Medical Release and Allergy

Date:

Family Name _____ Address _____

Phone contacts 1. _____ 2. _____ 3. _____

Child #1 _____ Date of Birth _____

Doctor _____ phone _____

Allergies _____

Current medications _____

Child #2 _____ Date of Birth _____

Doctor _____ phone _____

Allergies _____

Current medications _____

Child #3 _____ Date of Birth _____

Doctor _____ phone _____

Allergies _____

Current medications _____

Child #4 _____ Date of Birth _____

Doctor _____ phone _____

Allergies _____

Current medications _____

I hereby authorize Olive Plants Homeschool Extension Program and its officers, agents, volunteers, instructors, or supervising parents to seek emergency medical care and/or emergency dental care for my child. I further authorize OP Co-op and its officers, agents, volunteers, Instructors, or supervising parent, to receive physical custody of my child upon completion of treatment. I understand that this Authorization for Medical Treatment is ONLY to be used in the case of an extreme emergency when I, the parent/legal guardian of my child(ren), am unavailable or cannot be reached by phone OR the timeliness of medical care warrants immediate action. If treatment immediate medical treatment is warranted, the listed legal guardian will be contacted as soon as your child's immediate needs are met.

Parent/guardian _____ **Date** _____