

Areté Christian Homeschool Cooperative

REGISTRATION FORM (Please fill out one for each student)

Student's Name: _____ Age: _____ Grade*: _____ D.O.B. _____
*use age/grade for the coming year

Parents' Names: _____

Address: _____

City/Zip: _____

Parent's email that is checked most often: _____

Best # to reach parent(s): _____

Emergency contact: _____ Phone#: _____

Please read carefully and sign below:

As the parent or legal guardian, I have read the information in the Arété Christian Homeschool Cooperative handbook regarding fees, behavior guidelines, dress, add/drop policies, study hall privileges, and academic standing. I understand my responsibilities and will adhere to them, as outlined in the handbook, and I will ensure that my child will adhere to all regulations as well. Any violations or misbehavior may be cause for dismissal. Failure to represent accurate information is considered grounds for immediate dismissal. I have also read the Statement of Faith below and understand the Biblical foundation from which my children will be taught. Photos/videos of my child(ren) may be used by Arété Christian Homeschool Cooperative for promotional purposes.

Statement of Faith:

We believe there is one God who lives ever in three persons: the Father, Son and Holy Spirit. We believe that the Bible is the only written word of God to the world, speaking to us with authority and without error. We believe that Jesus Christ is God incarnate. Crucified for our sins, He rose from the dead. He will return in His glory to claim this earth for God's kingdom. We believe that all mankind is lost in sin and needs to turn from it and trust in Jesus Christ, which is to be born anew by the Holy Spirit's power into God's family. We believe in unity for all believers in our Lord Jesus Christ and seek community together. We want to become more like Him in every way, Who is the head of His body, the Church. We are called to love Him and one another and are enabled to do this only as His life flows in and through us.

Parent or Legal Guardian _____ Date _____

As a student attending classes at ACHC, I have read and will adhere to the information in the ACHC catalog regarding behavior & dress guidelines, add/drop policies, study hall privileges, and respecting the property of Liberty Christian School.

Student _____ Date _____

Continue to next page for course selection requests.

Course Selection Requests

Student name: _____

	Tuesday	Thursday
9:00		
10:30		
12:30		
2:00		
3:30		

Please enter course titles. Be sure to include **study hall** if needed. Don't forget **Spanish Lab**.

*Please note: Classes that do not meet the class minimum by the June 30th deadline may be cancelled.
(Parents, please keep a copy of each student's registration for your records.)*

1. Will your student be onsite for lunch? _____

2. Any allergies/medical conditions we should be aware of? _____

3. At times students will request ibuprofen or acetaminophen, which we keep onsite, for headaches or other minor ailments. Does your child have permission to take these OTC medications if requested? _____

Mail this form, family information sheet,
and the registration fee to:
Areté Christian Homeschool Cooperative
C/O Liberty Christian School
8094 Liberty Circle, Mechanicsville, VA 23111

Annual Registration Fees:
 \$100 for each child (new family to Areté)
 \$80 for each child (returning family)
\$150 Late Reg. fee applied after May 31st.

Registration fees are nonrefundable.

A \$30 charge will be assessed for any checks returned for insufficient funds

~~~~~PLEASE DO NOT WRITE BELOW THIS LINE~~~~~

Date received: \_\_\_\_\_ Payment:(Check #) \_\_\_\_\_ Amt.: \_\_\_\_\_