

FOR THE LOVE OF LEARNING

Homeschooling Co-op/Private School

3110 SE Aster Lane, Stuart
772-924-6770

2017-2018 REGISTRATION Form

[EMAIL: fortheloveoflearningfl@gmail.com](mailto:fortheloveoflearningfl@gmail.com)

Mailing Address: 4110 SW Egret Pond Terrace, Palm City, FL 34990

Student Name _____ Age in Sept 2017 _____ Grade _____
Address _____ City _____ State _____ Zip _____
Home Phone# _____ Birth Date _____

Mon/Wed _____ Tues/Thurs _____ Mon-Thurs _____ Mon-Fri _____ Other _____

Student Name _____ Age in Sept 2017 _____ Grade _____
Address _____ City _____ State _____ Zip _____
Home Phone# _____ Birth Date _____

Mon/Wed _____ Tues/Thurs _____ Mon-Thurs _____ Mon-Fri _____ Other _____

Student Name _____ Age in Sept 2017 _____ Grade _____
Address _____ City _____ State _____ Zip _____
Home Phone# _____ Birth Date _____

Mon/Wed _____ Tues/Thurs _____ Mon-Thurs _____ Mon-Fri _____ Other _____

Please tell us how to reach you while your child is with us.

Parent/Guardian _____ Relationship to student _____
Daytime phone# _____ Cell phone# _____
Email _____

Parent/Guardian _____ Relationship to student _____
Daytime phone# _____ Cell phone# _____
Email _____

Other emergency contact _____ Relationship to student _____
Daytime phone# _____

Drop-off/Pick up Person(s):

Please list the names and phone numbers of up to 2 people you authorize to drop off/and or pick up your child besides the Parent/Guardian and emergency contact:

Name: _____ Relationship: _____ Cell# _____

Name: _____ Relationship: _____ Cell# _____

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WAIVER

For the Love of Learning is hereby granted permission to take photographs or video of the students to use in brochures, web sites, posters, advertisements, and other promotional materials FTLOL creates. Permission is hereby granted for FTLOL to copyright such photographs in its name.

Parent/Guardian Signature (required) _____ Date _____

***This Waiver is due with Registration form, no exceptions* ONE WAIVER PER STUDENT**

Student Name: _____ Parent/Guardian Name: _____
Special Needs: _____

Please list any allergies, food allergies, serious injuries, diseases, operations and any restrictions on physical activity:

Liabilities: Parents and/or legal guardians or minor students and adult students waive the right to any legal action for any injury sustained while participating in co-op classes, private school classes, field trips or events with For the Love of Learning/Stuart Congregational Church or while on the property resulting from normal activity or any other activity conducted by the students before, during, or after the co-op.

Medical Treatment: In connection with any injury my child(ren) may sustain or illness or other medical conditions my child(ren) may experience during his and/or her participation in attendance at the For the Love of Learning, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my child's behalf. In the event that I cannot be contacted in the event of an emergency, I further hereby grant For the Love of Learning permission to administer immediate treatment and/or take my child(ren) to a hospital emergency room via ambulance/emergency vehicle. Any medical treatment costs is the responsibility of the parent.

I further authorize the attending medical personnel to execute on my child(ren)'s behalf any permission forms, consents or other appropriate documents relating to medical attention. I agree to assume all liability for any expenses incurred in such an emergency (transportation, hospitalization, x-rays, etc.). I also understand and agree that For the Love of Learning will notify me if my child(ren) becomes ill during school hours, and I will arrange to have my child(ren) picked up immediately from the school.

If homeschooling/attending school part-time, the parent is responsible for the education of their child. The parent is responsible for making sure the child is completing all homework and will provide any additional homework the parent deems fit since the student doesn't attend the private school full-time. Parents of Part-time students are responsible for testing. Parents are also responsible for turning in attendance for days the children do not attend FTLOL.

Personal Property: Anything lost/stolen is not the responsibility of For the Love of Learning.

Parent/Guardian Signature (required) _____ Date _____