

# PROSPER CLASSICAL COMMUNITY

## Application Form



**DIRECTOR ONLY:** Date Forms Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Registration Fee Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

### LOWER SCHOOL ENROLLMENT

Name of child	Age	Date of birth	Gender	Grade Level (incoming)	Grammar & Composition (Grades 4th-6th) CIRCLE ONE
					YES NO
					YES NO
					YES NO
					YES NO
					YES NO

### UPPER SCHOOL ENROLLMENT

Name of child	Age	Date of birth	Gender	Grade level (incoming)

### PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother Cell Ph: \_\_\_\_\_ Father Cell Ph: \_\_\_\_\_

Mother Email Address: \_\_\_\_\_

Father Email Address: \_\_\_\_\_

### EMERGENCY CONTACTS

Please list any additional emergency contacts authorized to act for the parents/guardians in an emergency:

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

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### FAMILY INFORMATION

Please describe your child(ren)'s schooling experience. How long has your family homeschooled?

Have you previously participated in a classical model co-op? If yes, what program or community?

What are your expectations for this community?

Do you plan to homeschool your child(ren) through high school? Explain.

Are you currently a member of a local church? If yes, please specify the name and location.

Please share any additional information about your family's schooling experience that would be helpful for the Director's to know in order to best serve your family.

### MEDIA CONSENT

During the school year, photographs or videos may be taken of your child for promotional materials. The photographs and videos may be of groups of children or individuals. No names will be used.

- ☐ Yes, permission **is** granted for my child.
- ☐ No, permission **is not** granted for my child. Please do not publish any photographs or videos of my child.

Please list social media platforms you participate in: \_\_\_\_\_

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### PARENT/GUARDIAN DECLARATIONS

Initials

Please affirm the following declarations:

I (We) understand that I (we) am (are) the primary teacher(s) of my (our) child(ren). I (We) will ensure that my (our) child completes weekly work to the best of his or her ability and as directed by me (us).

I (We) have received a copy of the Prosper Classical Community Belief Statement. I (We) have read and signed the statement.

I (We) understand that tuition and all fees are non-refundable, even if my (our) child leaves the program mid-year.

I (We) understand that being a part of a co-op means parent participation is required, which includes willingness to teach a class if needed. If your family has attended campus for at least one year, it is probable you will be needed at some point to lead a lower grade class.

I (We) agree to limit absences to 3 per year, as attendance is imperative to everyone getting the most out of class each Friday.

### CHILD AGREEMENT

As the CHILD(REN), I (we) recognize the privilege to participate and enjoy the weekly program meetings. I (we) commit myself (ourselves) to the following:

1. Participating appropriately in class.
2. Respecting the Directors, Teachers, peers, and other families in the community with my words and actions
3. Working on weekly program work to the best of my ability.

Child Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PARENT/GUARDIAN SIGNATURE

**I have read the above terms and understand that by signing, I agree to follow the terms of contact.**

A \$150 non-refundable registration fee must be submitted with this contract.

**Name of Parent/Guardian** (please print): \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_