

# **Elevate Co-op / Tutorial Interest & Enrollment Application**

*The signing of these documents does NOT guarantee entrance into Elevate for the upcoming fall semester. It DOES start to the process of joining.*

**Program Name:** Elevate Christian Academy

**Location:** Contact for this information

**Contact Email:** [elevatechristianacademy1107@gmail.com](mailto:elevatechristianacademy1107@gmail.com)

## **Our Vision & Purpose**

We are forming a Christ-centered homeschool learning community to support families in both academic excellence and spiritual growth. Initially, the program will operate as a **co-op**, with parents actively participating in teaching and assisting. This co-op will begin as a K-6<sup>th</sup> program.

Our long-term goal is to transition from a co-op model to a **tutorial-style program**, where qualified, passionate instructors lead classes while parents remain engaged partners in their child's education. This phase will expand the grade range as more instructors become available.

## **Timeline Vision:**

- **Spring/Summer:** Gauge interest and build founding membership
- **Fall Launch:** Begin as a co-op
- **Future Goal:** Transition to tutorial model if participation and resources allow
- **Alternate Plan:** If sufficient interest and staffing are secured early, a tutorial format may begin as soon as this fall.

ELEVATE is not exclusive, but we are intentional—a unique homeschooling group that works closely together. We seek parents who can serve in open tutor roles and students who fit within our established age groups. With these goals in mind, we interview and pray for prospective families, and we maintain close contact with new members to support a smooth transition and strong first years of homeschooling.

We are unable to accept children under the age of 5 at this time.

ELEVATE strives to support in many ways, but cannot accommodate a wide range of special needs whether academic or behavioral.

**Either the ELEVATE Coordinators or the new family have the right to end the partnership at the end of the year if either one feels that the situation is not mutually beneficial.**

**By signing below, I understand and will abide by the mission and expectations listed above.**

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

**Family Information**

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church Home: \_\_\_\_\_

**Write a brief description of your relationship with Jesus:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Student Information**

<u>Student Name</u>	<u>Birth Date</u>	<u>Grade Entering</u>	<u>Allergies</u>	<u>Learning Interests</u>

**Parent Participation (Co-op Phase)**

During the co-op phase, parent involvement is essential. Please indicate your willingness to serve:

- Teach a class
  - Please list the subjects you would like to teach \_\_\_\_\_
- Assist in a Classroom
- Substitute
- Lunch/Recess/Study Hall Monitor
- Set Up Classrooms
- Reset of Rooms After Classes
- Security

## **Class & Program Interests**

Subjects you would like offered:

- Science (Apologia)
- Writing (IEW)
- Grammar (IEW)
- History (TBD)
- Basic Government/Economics/Civics (based on Tuttle Twins)
- Literature
  - Picture books for younger
  - Chapter Books/Novels for older
- Foreign Language
- Other: \_\_\_\_\_

## **Academic Expectations:**

- Mondays will be introduction/continuation of concepts with group activities or practice.
- Tuesday-Friday, families will be responsible for the required assignments. This will include, but is not limited to, reading text, writing, note-taking, and activities.
- Parents and students are responsible for making sure children come to class prepared with supplies

## **Behavioral Expectations**

To maintain a Christ-honoring environment, all participating families agree to uphold the following standards:

### **For Students:**

- Show respect to teachers, parents, and fellow students.
- Follow classroom rules and directions promptly.
- Use kind and appropriate language.
- Refrain from bullying, teasing, or disruptive behavior.
- Respect and take care of the indoor and outdoor facilities.
- Demonstrate honesty and integrity in academic work.

### **For Parents:**

- Support and reinforce behavioral standards.
- Address conflicts in a respectful, biblical manner (Matthew 18 principles).
- Fulfill volunteer responsibilities faithfully.
- Communicate promptly and respectfully with leadership.

**Discipline Policy:**

If behavior becomes disruptive, dishonoring, or disrespectful, parents will be notified. Continued issues may result in removal from a class or the program. We want this to be a mutually beneficial time for everyone involved.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child(ren)Signature(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Statement of Faith**

This program is founded on historic, biblical Christianity. While families from various church backgrounds are welcome, participating families must respect and not undermine the following beliefs:

We believe:

1. The Bible is the inspired, infallible, and authoritative Word of God.
2. There is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. Jesus Christ is fully God and fully man, born of a virgin, lived a sinless life, died for our sins, and rose bodily from the dead.
4. Salvation is by gift of grace received through obedience of baptism and faith alone in Jesus Christ. The Holy Spirit indwells and empowers believers to live godly lives.
5. Marriage is a covenant union between one man and one woman, and God created humanity as male and female in His image.
6. Parents are the primary God-given educators and disciplers of their children.

I affirm that I have read and will respect this Statement of Faith.

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

**Family Commitment**

- We understand this program is Christ-centered
- We will not undermine the beliefs held and taught at ELEVATE
- We agree to pay to have a background check done for any adult at ELEVATE
- We will support the cooperative model during the founding phase.
- We will fill out and submit a liability/waivers for our family.
- We understand the goal of transitioning to a tutorial format as the program grows.
- We commit to fostering unity, encouragement, and Christlike conduct.

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

**Additional Comments or Questions**

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Please complete this form of interest and email it to [elevatechristianacademy1107@gmail.com](mailto:elevatechristianacademy1107@gmail.com)

# **Liability Waiver & Medical Release**

## **Assumption of Risk & Liability Waiver**

I/We understand that participation in the Elevate Christian Homeschool Co-op/Tutorial includes activities such as classroom instruction, physical movement, outdoor play, field trips, and group events. While reasonable precautions will be taken to ensure safety, I/we acknowledge that participation involves inherent risks.

On behalf of myself, my spouse, and my child(ren), I/we:

- Voluntarily assume all risks associated with participation.
- Release and hold harmless the program, its leadership, teachers, volunteers, host facility, and participating families from liability for injuries, damages, or losses that may occur during program activities.
- Agree to be responsible for any damages caused by my child(ren)'s willful misconduct or negligence.
- Understand that this program is parent-led during the co-op phase and operates through shared responsibility.

## **Medical Information & Emergency Authorization**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

**Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_

**Medications:** \_\_\_\_\_

**Primary Physician:** \_\_\_\_\_

**Physician Phone:** \_\_\_\_\_

**Preferred Hospital:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

## **Emergency Contacts**

**Primary Contact:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ **Relation:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## **Medical Treatment Authorization**

In the event I cannot be reached, I authorize the program leadership, teachers, or volunteers to obtain emergency medical treatment for my child.

I understand that:

- Every reasonable effort will be made to contact me immediately.
- I am financially responsible for any medical care provided.
- This authorization applies to all program activities, including off-site events and field trips.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Photo & Media Release**

I grant permission for photographs or videos of my child(ren) to be used for program communication, newsletters, or promotional materials.

I do NOT grant permission.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and email it to [elevatechristianacademy1107@gmail.com](mailto:elevatechristianacademy1107@gmail.com) upon acceptance into Elevate Christian Academy.