Country Christian Co-op

2025-2026 Enrollment Application

**Family Information**

|  |  |  |
| --- | --- | --- |
| Father | Cell Phone | Email |
| Employment | Work Phone | Notes |
| Home Address: | | | |
| Mother | Cell Phone | Email |
| Employment | Work phone | Notes |

Kids

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Allergies | Grade |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Allergies/Triggers and Notes |
|  |
|  |
|  |
|  |

Church Affiliation: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred to the Co-op by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| EMERGENCY CONTACT and PICK-UP INIFORMATION: *If parents/guardians cannot be reached in the event of an emergency, please contact (in order):* | | |
| Name: | Relationship: | Cell Phone: |
| Name: | Relationship: | Cell Phone: |
| Name: | Relationship: | Cell Phone: |
| *I hereby give consent for the school to obtain emergency medical care for my child if none of the above can be reached. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. Recognizing the possibility of physical injury, I hereby release Country Christian Co-op and First Filer Baptist Church and any acting on their behalf from any claim.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  **Parent Signature Date** | | |
|  | | |

Additional Consents: *(please initial if “YES”, leave blank if “NO”.)*

\_\_\_\_\_\_\_\_**(initial)** I give consent for my child’s picture to be taken while at Country Christian Co-op activities, and I understand these pictures may be posted in the school and school-related publications including yearbook, website, Facebook page and videos.

\_\_\_\_\_\_\_**(initial)** I would like my contact information to appear in a school directory, so that I may contact parents of my child’s friends to arrange play dates, activities, planning etc.

\_\_\_\_\_\_Mother only \_\_\_\_\_\_\_Father only \_\_\_\_\_\_\_ Both Parents.

\_\_\_\_\_\_**(initial)** All who are 18 and over consent to a background check, and we pledge full support and cooperation to Country Christian Co-op with regard to any schoolwork and help with activities and classes.

\_\_\_\_\_\_**(initial)** I agree to make all Tuition and Fees upon enrollment, if other arrangements need to be made please see the President. If my account becomes 30 days or more past due, I agree to meet with Country Christian Co-op’s Leadership Board in order for my child to remain enrolled.

***I hereby acknowledge that the above information is true and agree to adhere to the payment agreement as determined by the school board and myself.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)***