



HOMESCHOOL CO-OP

The Rock Educational Group

OUR CORE VALUES

The Rock was created to be an anchor in our children's education during a storm. Now it is the foundation for the start of an educational adventure. Finding an education option along with dedicated teachers has allowed our children to grow and become amazing humans and in this has helped us to open a new world of opportunities to more of our Kodiak community.

Why are we special?

We are a Homeschool Co-op

Raising children to be independent and critical thinkers

Working with peers and using resources while limiting technology

Creating an environment where we foster relationships and empower student/parent ownership

We hope to utilize the talent in our community in the classroom

Alternative education that is affordable and customizable

A school where parents are the driving force behind the curriculum and school administration

Strong curriculum

We maintain small class sizes

The Rock Educational Group

2024-2025 School Year

New Student Enrollment Packet: Pre-School, Kindergarten, and Grades 1-8

Welcome to The Rock and thank you for your interest in enrolling your child. The Rock will provide academic instruction with a balanced well-rounded curriculum that is student-centered.

We look forward to an exciting new school year. Our enrollment process is simple:

1. Visit Our School: We are renting the St. Mary's School Facility at 2910 Mill Bay Rd.
2. Submit an Enrollment Application: By completing and signing all the necessary commitment and agreement forms. Please email us at admin@therockkodiak.org if you have questions regarding the enrollment process.
3. Please submit a paragraph on why you believe The Rock is a good fit for your family and child.

Check off the below to make sure you are completely enrolled.

The following forms and fees are required for the enrollment process for all new students. Some forms can be filled out one per family, others must be filled out one per each individual student.

Please check off [V] below items as they are completed. *=required

<u>Check Box</u>	<u>Page Title</u>	<u>Necessary for Family or Student</u>	<u>Page Number</u>
	Enrollment checklist (this page)	Family	2
	Paragraph on why you believe The Rock is a good fit*	Family	3
	The Rock Enrollment Form: Basic and Emergency*	Family	4
	Student Services Form *	Individual	5
	Medical Information Form I*	Individual	6
	Medical Information Form II*	Individual	7
	Social Media, Electronics Policy, Homework*	Family	8
	Co-Op Fee Break-out	Family	9
	Fees Payment Contract*	Family	10
	Extended Day Program*	Family	11
	Family Share Hours Agreement, Parent Volunteer Organization	Family	12
	Homeschool Organizations	Family	13/14
	\$100 Non-Refundable Family Registration Fee*	Family	
	Birth Certificate/Shot Records submitted to our office*	Individual	

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REQUIRED FORM/FAMILY: ENROLLMENT APPLICATION-BASIC & EMERGENCY CONTACT INFORMATION

Please check: NEW FAMILY

Enrolled Child's Name(s)

First and Last Name	Grade Entering	Age Now	Date of Birth	Gender
1.				
2.				
3.				
4.				
5.				
<u>Parent/Guardian #1:</u>				
Name:				
Mailing Address:				
Phone Number:				
Email Address:				
<u>Parent/Guardian #2:</u>				
Name:				
Mailing Address:				
Phone Number:				
Email Address:				
If there are student custody/guardianship issues please contact The Rock office to provide documentation				
<u>Non-Parent/Guardian Emergency Contact #1</u>				
Name:				
Phone Number:				
Relationship to Student:				
<u>Non-Parent/Guardian Emergency Contact #2</u>				
Name:				
Phone Number:				
Relationship to Student:				

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Special Services Received by your Children in Previous Schools: Please check (v) all appropriate boxes.

Does your child have one of the following:

- Current IEP
- Section 504 Plan

Has your child received, or been referred for:

- Occupational Therapy
- Physical Therapy
- Speech and Language Therapy
- Gifted/Advanced

Is there a history of any of the following in your family:

- Dyslexia
- Dyscalculia
- Dysgraphia

My child[ren] have been suspended (in school or out of school) or expelled

- Yes
- No

My child[ren] have had behavioral/disciplinarian problems in previous schools

- Yes
- No

School[s] previously attended: _____

Falsifying any information will result in automatic dismissal from THE ROCK.

Explain above, or list concerns of which classroom teachers should be aware: _____

Student Heritage [Racial Background]: Please check (v) all appropriate boxes. (This is Optional)

- Alaskan Native
- Asian Hispanic/Latino Other
- American Indian
- Native Hawaiian/Pacific Islander
- African-American
- Caucasian
- Mixed Race [please check or list]
- Other

I have done my best to ensure that above information is accurate and true.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

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**REQUIRED Form I/Student
Medical Information**

Enrolled Child's Name	Grade	Age

FAMILY DOCTOR AND EMERGENCY TREATMENT INFORMATION:

FAMILY DOCTOR'S NAME: _____

PHONE: _____

I give permission for my child to be transported by ambulance [after calling 911] if I cannot be located and immediate medical attention is necessary. I give permission for my family doctor or a qualified physician to treat my child. I will assume financial responsibility.

- YES
- NO

I give permission for an THE ROCK staff member to administer minor first aid treatment to my student[s].

- YES
- NO

Most recent hearing tests

- DATE: _____
- RESULTS: _____

Most recent eye exam

- DATE: _____
- GLASSES: YES NO

CHILD'S MEDICAL HISTORY: Has your child ever had or has now? [Mark [X] and date all that apply.]

- | | | |
|--|--|---|
| <input type="checkbox"/> Frequent Bedwetting | <input type="checkbox"/> Ear Tubes/Problems | <input type="checkbox"/> Vision Problems |
| <input type="checkbox"/> Head Injury/Concussion | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Leukemia/Cancer | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Scoliosis/Back Curvature | <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Coordination Problems |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Skin Disease/Eczema | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> Allergies | <input type="checkbox"/> Asthma Kidney/Bladder Problems |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Frequent Nose Bleeds |
| | <input type="checkbox"/> Bone/Joint Problems | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> Eating Disorder | |

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REQUIRED Form II/Student
Medical Information – continue

Enrolled Child's Name	Grade	Age

MY CHILD HAS or HAS HAD: [Mark (X) all that apply and explain.]

- Allergies: _____
 - Reactions: _____
- Surgeries: _____
 - Date: _____
- Hospitalized: _____
 - Date: _____

Does your child take medication regularly?

- NO
- YES, if yes how often, please explain
 - _____
 - _____

Do you have other specific concerns not covered above?

- NO
- YES, if yes how often, please explain
 - _____
 - _____

I give permission for the following medicines to be administered to my child when necessary:

[Mark (X) all that apply.] [Note: all medications must be in original containers]

- Acetaminophen [Tylenol etc.]
- Ibuprofen [Motrin/Advil etc.]
- Doctor prescribed medication
- Antihistamine [Benadryl etc.]
- Other:

In case of an emergency a parent/guardian will be contacted immediately. If the parent/guardian cannot be reached, other contacts from your child's Medical Information Form I will be called. If no one can be reached and the child needs medical assistance, the physician listed on page 6 [Medical Information Form 1] or 911 will be called. Fees for medical services are the parent's responsibility. Our protocol is to call 911 or take the child to the nearest medical facility if we are ever in doubt of whether or not a child needs medical assistance.

Parent/Guardian Signature: _____

Date: _____

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REQUIRED One form/family

Picture/Social Media Permission Form

I give The Rock Educational Group permission to use: video, media and/or pictures of my child(ren).

Parent/Guardian Printed Name: _____

Date: _____

Personal Electronics Policy

Possession of cell phones, MP3 players, or other personally owned electronic devices: Student electronics which are brought to school are to be turned in to their teacher promptly upon arriving to school or left in backpack for the school day. Failure to observe this rule will result in the confiscation of the item. The first time an item is confiscated, it will be returned to the student at the end of the day. The second time an item is confiscated, it will not be returned until after a conference with parents/guardians.

I AGREE TO THE SUPPORT AND FOLLOW THE PERSONAL ELECTRONICS POLICY.

Parent/Guardian Printed Name: _____

Date: _____

Homework Support Policy

Student completion of homework is an important part of successful education at THE ROCK. I agree to support and help, if necessary, my student[s] in timely completion of all assigned homework.

I AGREE TO THE SUPPORT AND FOLLOW THE HOMEWORK SUPPORT POLICY.

Parent/Guardian Printed Name: _____

Date: _____

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THE ROCK strives to set a co-op rate that is affordable for families while ensuring the long-term financial stability of the school. School co-op fee covers at least 90% of the actual education costs. To bridge the gap between co-op fees received and actual costs, we depend on the generosity of families and friends through a variety of fundraisers.

BASIC*:

Rates are based on a 9-month payment schedule:

<u>PROGRAM</u>	<u>MONTHLY RATE NO AFTERCARE</u>	<u>MONTHLY RATE W/ AFTERCARE</u>
Pre-School 5DAY (8:30-11:30; M-F)	\$350/month	\$650/month
Kindergarten (8:30-1:30; M-TH)	\$425/month	\$635/month
1 st – 8 th Grade (8:30-3:15; M-TH)	\$556/month	\$690/month

* “BASIC” Fee: The “BASIC” option allows you as the parent to help us save cost by volunteering (helping us as a group to not pay for outsourcing services), becoming involved and getting to know fellow parents and students strengthening relationships. In this way, whatever savings are made from volunteer work can be used in the future to help pay for new equipment, offset cost of curriculum for parents.

PLUS**:

Rates are based on a 9-month payment schedule:

<u>PROGRAM</u>	<u>MONTHLY RATE NO AFTERCARE</u>	<u>MONTHLY RATE W/ AFTERCARE</u>
Pre-School 5DAY (8:30-11:30; M-F)	\$425/month	\$765/month
Kindergarten (8:30-1:30; M-TH)	\$450/month	\$660/month
1 st – 8 th Grade (8:30-3:15; M-TH)	\$590/month	\$725/month

** Co-op Fee “Plus” is a fee option for families that are in a position where their time due to busy work life schedules is not suited for volunteer work. Over the past years many of us as parents have had our worlds turned upside down with constant adjustment and taking on more with our children’s educations which traditionally, we have never had to do before. Co-op Fee “Plus” allows parents to have the option to pay one fixed rate (which is higher than Basic Fee) and have NO volunteer obligation in return. If you choose this option and still want to volunteer, you are more than welcome, and being part of Co-op Fee “Plus” doesn’t exclude you from being a part of our collaborative environment. What this option allows is for you the parent to have “one less thing to worry about” if volunteering would be a hardship in your family work life balance. Just like in “Basic” Co-op Fee, you can file reimbursement through choice homeschool program to help offset cost per month.

I have reviewed the Co-op Fee information on this page.

- Yes
- No

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REQUIRED Form/Family Contract Fees Payment

Please Select the Following Option for Co-op Fee and Circle Frequency:

- Basic Monthly
- Basic Full Year
- Plus Monthly
- Plus Full Year

Preferred method of payments:

- Check
 - o You may want to set up payment through your bank account as a cost saving measure. This can be done at the time of registration in person or over the phone with administration through our QuickBooks account.
- Credit Card
 - o If paying monthly Co-op Fee with a debit or credit card, the customer will be charged a 3.5% fee per transaction. If you would like to set up a recurring option This can be done at the time of registration in person or over the phone with administration through our QuickBooks account

I agree to meet the terms of this agreement to enable my student[s] to attend THE ROCK.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

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One form/family

Extended Day Program

THE ROCK is available to help families that need childcare both before and after school. We ask that your child spend 30 minutes of their afterschool time on homework or academics in general if homework has been assigned by teacher.

Students should bring a snack for after school program.

After School Hours:

- Pre-School (4DAY): 11:30 – 5:30pm
- Kindergarten (4DAY): 1:30 – 5:30pm
- Grades 1-8(4DAY): 3:15 – 5:30pm

I MAY/WILL NEED ____After School Care for my child(ren)

<u>Enrolled Student Name:</u>	<u>Grade</u>	<u>Age</u>

My child(ren)'s approx. school arrival time: _____

My child(ren)'s approx. pick-up time: _____

Please check the day[s] of the week my family will probably need these services.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday (PRESCHOOL ONLY)

I authorize the Extended Day Care staff to have a copy of my student[s'] THE ROCK medical record, pick-up and emergency contact information and place of employment.

See student contract, page 9 for payment arrangements

- I DO NOT NEED extended day care at this time

Parent/Guardian Signature: _____

Date: _____

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One form per family

Family Share Hours Agreement, Parent Volunteer Organization

Each family at THE ROCK participating in the “Basic Co-op Fee Tier” is required to share time with your teacher, classroom, or school but there is not a required amount. It is recommended that families participate in several different activities. Being active in the school is a great way to meet other families and establish lifelong friendships. Being active in the Parent Volunteer Organization [PVO] is a key to helping this school be successful. [Mark (X)] below:

<input type="checkbox"/> Serve as PVO or Fundraising Chair / Co-Chair	<input type="checkbox"/> Driving for Extended Activities [Field Trips]
<input type="checkbox"/> Shopping for school supplies, needs, etc.	<input type="checkbox"/> Assisting a teacher in the classroom
<input type="checkbox"/> Helping with building and grounds maintenance	<input type="checkbox"/> Assist at Dinners and Auctions or other functions
<input type="checkbox"/> Recess Duty	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Lunch Duty	<input type="checkbox"/> Other: _____

This demonstrates the commitment of families toward the success of the school. I plan to volunteer at THE ROCK in the following ways: [Mark (X)]

- I plan to volunteer at school
- I plan to volunteer for chaperoning field trips
- I plan to help with fundraisers

Thank you for volunteering at THE ROCK

If you are considering being a volunteer driver for transporting students other than your own on fieldtrips, please be reminded that it is necessary to provide booster or traveling seats for small children traveling on fieldtrips. Please contact our office for further information.

FAMILY TALENT AND INTERESTS

Family Skills, Talents, and Interest: [sewing, cooking, art, metalwork, carpentry, classroom help, etc]
Other useful information, comments, and suggestions:

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*This page is not for PRE-SCHOOL and not required for kindergarten however will help off-set costs.

Information

The Rock works directly with a few different programs that offer traditional homeschool opportunities. Please note the following requirements:

- **MUST ENROLL IN AK TEACH:**
 - New to The Rock
 - Entering Kindergarten
 - Entering First Grade

- AKTEACH - [AKTEACH Homeschool | \(kibsd.org\)](https://www.kibsd.org/akteach)

- This is Kodiak's Homeschool Program
- Enrollment with AKTEACH is open to school age students (ages 5 to 20) who maintain a permanent address within the boundaries of the Kodiak Island Borough School District. Students over the age of 20 may petition the KIBSD school board for admission. Please contact an AKTEACH staff member for more information.

○ GRADE	○ FULL TIME ALLOTMENT
○ Kindergarten – Grade 3	○ See AKTEACH WEBSITE
○ Grades 4 – 8	○ See AKTEACH WEBSITE

- PACE - [Pace Alaska Homeschool | Homeschool Allotment Program Anchorage & Wasilla, Alaska \(paceschool.net\)](https://www.paceschool.net)

- More Alaskans are choosing PACE as the best homeschool for their family. We provide homeschool education at no cost to the family with support and personal assistance from state certified teachers.

○ GRADE	○ FULL TIME ALLOTMENT
○ Kindergarten – Grade 2	○ See PACE WEBSITE
○ Grades 3 – 8	○ See PACE WEBSITE

- IDEA - [IDEA Homeschool | IDEA Homeschool \(ideafamilies.org\)](https://www.ideafamilies.org)

- At IDEA we believe that you know your child best. We are here to help you with the educational end of things, but you know what makes your child tick better than we ever will! We partner with you as you make the educational decisions that are best for your child. We have working relationships with over 300 companies that supply curricular materials to homeschoolers. We provide as much help and support as you need in making decisions about what materials to order and what teaching methods to use, but the education of each and every child in IDEA is totally individualized.

○ GRADE	○ FULL TIME ALLOTMENT
○ Kindergarten – Grade 12	○ See IDEA WEBSITE