



AAHSS/Austin Christian Co-op

Please Complete and bring to Register

## Co-op Family Registration Form – Please PRINT

Family Name \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ F. Cell (\_\_\_\_) \_\_\_\_\_ M. Cell (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Is this your first year homeschooling? \_\_\_\_\_

Child's Name (first and last please) \_\_\_\_\_

Child's Birthday \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Medical issues and/or drug allergies that we might need to know about in an emergency situation:

Child's Name \_\_\_\_\_ Medical Issue(s) and/or Drug Allergies \_\_\_\_\_

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

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

Doctor's Name \_\_\_\_\_ Number: (\_\_\_\_) \_\_\_\_\_

Annual Co-op Registration fee – Individual \$35.00 Family \$45.00 (Families registered with AAHSS Sports are exempt from co-op registration fees. Although exempt, families must still complete form.)

Please make checks for Co-op Reg. fees and first months classes to: AAHSS/ Co-op Teachers' Fund.  
Checks for class deposits, teachers fees, and textbooks payable to each individual teacher.

I have read, understand, and agree to the policies, rules and code of conduct of AAHSS/ Austin Christian Co-op. I am personally responsible to make sure my child understands and obeys each of these. I agree to attend Parent Orientation on the first day of classes.

**Notice: There is only a two week drop period. You must drop a class before the drop period expires.**

Release of Liability / Assumption of Risk: The undersigned participant or parent/guardian, in consideration of participation in the program activities indicated on this form, agree to indemnify and hold harmless the AAHSS, Austin Christian Co-op and Crestview Baptist Church, (the owner of the facilities), their representatives, their successors, and assigns and releases the same from any and all liability for any injury or illness which may be suffered by the participant, name herein, arising out of, or, in any way connected with the program or activity indicated and assumes the risk for such injury or illness. I also authorize the use of any photographic image of the participant, name herein, taken during the program or activity, for use in any publication. I further agree to abide by all of the AAHSS and Austin Christian Co-op policies and procedures.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

AAHSS - P.O. Box 3263 – Austin, TX 78764-3263 • (512) 797-7186

**Or Email at: [admin@austinchristianhomeschool.org](mailto:admin@austinchristianhomeschool.org)**

Or visit us at our web site at [www.austinchristianhomeschool.org](http://www.austinchristianhomeschool.org)

For Office Use Only

Registration Paid (AAHSS/ACC ) \_\_\_\_\_ Amount \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

Class Payment(s) made to Teacher's Fund : Check \_\_\_\_\_ Cash \_\_\_\_\_