



# Spring Semester 2010 Registration

[www.my-BHLC.org](http://www.my-BHLC.org)

PO Box 23901

Lexington, KY 40523-3901

**\*Teachers:** You receive 1 class credit that equals the price of the class you teach. Be sure to register the free children just write credit in the cost space. \*

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Parents' Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name of Child 1 \_\_\_\_\_ Age \_\_\_\_\_

Name of Child 2 \_\_\_\_\_ Age \_\_\_\_\_

Name of Child 3 \_\_\_\_\_ Age \_\_\_\_\_

Name of Child 4 \_\_\_\_\_ Age \_\_\_\_\_

Name of Child 5 \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Initial here, if you give BHLC permission to put your name, address and phone number in a directory for other BHLC members.

\_\_\_\_\_ Initial here, if you give BHLC to take photographs and/or video of your child(ren) during his/her attendance with BHLC and to use the images to produce a BHLC yearbook. By this authorization I agree that neither I nor my child shall receive any fee and that all rights, title, and interest to the images and use of them belong to BHLC. I further release and indemnify BHLC, including the Corporation, its Trustees, faculty, employees, staff, and other agents from and against any and all liability and responsibility for any claim or cause of action on account of any damages, expenses, or other loss caused, suffered, or occurred during, arising out of or in any way associated, directly or indirectly, with my child's appearance in the photographs, the making of such images, and/or their use.

\_\_\_\_\_ Initial here, if you give permission for your child(ren)'s photos to be placed on the internet or promotional material for BHLC, Inc.

## VOLUNTEER DUTY

**\*Teachers** do not have a duty. Be write teacher as your duty. \*

All members must sign up to complete one weekly duty at the time of registration (teachers are exempt). You will be responsible for your volunteer duty weekly for each of the 12 weeks. If you can not complete your duty, you must find someone to fill in for you. If you are interested in a buy out please contact Wendi @ [wendi@my-BHLC.org](mailto:wendi@my-BHLC.org). Any member found not completing their duties 2 times shall be warned and the 3rd time will be asked to leave the group until the next semester if they feel they can participate actively. **\*\*See Wendi for list of duties\*\*** I understand that I am responsible for \_\_\_\_\_ volunteer duty weekly. I agree to mark off on the Duty chart when my duty is complete.

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## Code of Conduct for BHLC Parents

1. As a BHLC parent, I will be mindful and respectful of other parents and their children. If I have a difference of opinion with anyone, I will contact a steering committee member so that they can help us work things out. I understand that I am encouraged, at any time, to contact a steering committee member with any issues, concerns or ideas.
2. I will follow through with anything that I have signed up to do. If I can not fulfill my responsibilities, I will find someone to replace me. I understand that being part of this co-op means that I am required to sign up for a volunteer duty which I must complete to continue participating in co-op. I can contact Wendi if I wish to "buy out" rather than volunteer.
3. I understand that if there is a behavior issue during class time concerning my child the following will occur: a) The teacher will talk to my child. b) The teacher may seek out a steering committee member to find me so that the problem can be resolved immediately. c) If I cannot be reached, my child may sit out of the class until I am contacted. d) If unacceptable behavior continues, we may be asked to leave BHLC for the semester. Before returning the following semester, I will have to meet with the steering committee to determine if we are ready to re-enter BHLC.
4. I understand that my child(ren) will sign his/her/their own code of conduct and will be expected to follow it. If my child(ren) does not, I will be notified and the actions described in #3 (above) will be initiated.
5. I will sign out if I leave the building and leave a phone number where I can be reached.
6. I will keep BHLC updated IN WRITING of any email, address, phone or medical changes.
7. If my child needs special accommodations in order to participate in class, or if I have special concerns, ideas or input that would help, I will let the teachers know IN WRITING.

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

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## Medical Authorization

\_\_\_\_\_ **OPTION 1** In the event of illness or injury, I hereby give my permission for my child to be transported by medical ambulance or private vehicle to a nearby medical or dental facility.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical surgical, or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, and/or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I hereby give my permission to any medical or dental facility to take emergency measures as they deem appropriate in the event that I cannot be notified. I realize that, in my absence, every reasonable effort will be given to locating me. However, this authorization will serve as my permission to treat my child.

\_\_\_\_\_ **OPTION 2** I have attached an advanced medical directive.

\_\_\_\_\_ **OPTION 3** In the event I cannot be reached, I DO NOT give permission for my child to be transported to or treated by any medical or dental facility. I realize that in the event of illness or injury, emergency medical personnel will be called.

This authorization shall be in effect for one year from the date specified unless I revoke my permission in writing.

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

In the event that you cannot be reached at the numbers listed above, please list who we should contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Known Allergies \_\_\_\_\_

List any diseases, illnesses, special needs or other info that may be needed in the event of an emergency:

\_\_\_\_\_

\*If extra information is needed please attach a sheet of paper. Information will only be shared with teachers (if needed) and emergency personnel should an accident occur.\*

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## WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

I hereby give permission for my child(ren) to participate in Bluegrass Homeschool Learning Cooperative, Inc. classes for which I have enrolled. I understand that classes will be held at the Friends' Meeting House, 649 Price Avenue in Lexington, including **any and all** possible other locations for extra activities.

I do hereby, on behalf of myself, my child, my assigns, executors, and heirs, release, indemnify and hold harmless Friends' Meeting House, Bluegrass Homeschool Learning Cooperative, its trustees, officers, agents, and employees from and against any and all liability, damages, expenses (including legal fees), and/or claims of any nature whatsoever arising out of or in any way related to my child(ren)'s participation in activities, including any act or omission of any third party.

I acknowledge that I, the parent or legal guardian, will be responsible for any and all costs incurred by my child(ren) or family members for injuries or property damage that I or my family may incur, and that I, the parent or legal guardian, have accident medical insurance coverage in force, or other financial means for injuries that I or my child(ren) may incur.

I acknowledge that I, the parent or legal guardian, will be responsible for my or my child(ren)'s negligent acts, and do carry personal liability insurance coverage now in force or other financial means to cover such acts and that I assume and accept full responsibility for any damages done.

In consideration of my participation with Bluegrass Homeschool Learning Cooperative activities, I execute this document with full knowledge of the contents and consequences stated in this release.

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

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

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(These are suggested **academic levels**. Teachers will teach to the **academic** range listed for their class.)

<b>10-11</b>					
<b>CLASS</b>	<b>GROUP</b>	<b>COST</b>	<b>Number Enrolling</b>	<b>TOTAL COST</b>	<b>NAME (S) OF CHILDREN TAKING CLASS</b>
Preschool	Ages 2-5	\$20.00* *You will be asked to bring snacks to some classes.			
Jr. Great Books	4 <sup>th</sup> grade	\$35.00			
Finance	5 <sup>th</sup> & up	\$40.00			
Public Speaking	3 <sup>rd</sup> & up	\$35.00			
Eco class	Any	\$35.00			
Guitar *Only returning students*		\$35.00			
ART	K-3 <sup>rd</sup>	\$45.00			<b>CLOSED</b> Put name here to be on waiting list

<b>11-12</b>					
Preschool	Ages 2-5	\$20.00* *You will be asked to bring snacks to some classes.			
Violin	4 <sup>th</sup> grade & up	\$40.00			
Chess	Any	\$15.00			<b>CLOSED</b> Put name here to be on waiting list
Eco Media	Middle/ Upper	\$35.00			
Science	Middle/ Upper	\$40.00			

Art	4 <sup>th</sup> grade – up	\$45.00			
Jr. Great Books 2 <sup>nd</sup>	2 <sup>nd</sup> grade	\$35.00			
Music	K-2	\$60.00			

### 12:30 – 1:30

Theatre *Only returning students*		\$50.00 *per semester*			
Movie Time	Preschool	FREE		0	

### Varied Times

Journalism	Upper Primary/ Middle	\$5.00			
Learn By Teaching	Middle/ Upper	FREE		0	

**TOTAL** \_\_\_\_\_

\*Class Refunds will only be given for those who move out of Fayette County, have been asked to leave due to behavioral issues, or a family member becomes ill not allowing to return to classes. A five dollar handling fee will be charged and the reimbursement will only be for the remaining semester.

Classes start on January 7, 2010! See you then!

**For BHLC use:** Date Received: \_\_\_\_\_ Type of payment: \_\_\_\_\_  
Amount of payment: \_\_\_\_\_ Emailed list of classes: \_\_\_\_\_ BOD: \_\_\_\_\_

Parents, please go over this with your children and have EACH child sign it. Thank you.

**BHLC's Codes of Conduct for BHLC Students**  
**Spring 2010**  
**(This is only for Grades 1-12)**

1. I will be respectful to other students, parents, teachers and guests. If I have a problem with anyone, I will go to my parent or teacher and tell them so that the problem can be resolved.
2. I will: Not steal;  
Not destroy property;  
Not talk or be disruptive in class;  
Not use bad language (profanity, insults, offensive language);  
Not hit, throw things or hurt anyone on purpose;  
Not bring ANY toys, food, games, or drinks to class  
(any toys, food, etc. brought to class will become property of BHLC);  
Not bully, pick on others, or call others names.
3. I understand that if I do things that I am not supposed to, my parents will be contacted. If the problem is not resolved, my parents will attend classes with me. After all this, if there is still a problem I may be asked to leave BHLC for the semester.
4. I am responsible for my work, papers and belongings.
5. I will go to the restroom BEFORE class. Only in emergencies will I ask to go during class.
6. I will not talk in class unless the teacher calls on me. I will keep "on topic" in class and not bring up things that do not pertain to this class.

By signing below I understand and agree to all rules of BHLC. I will follow the rules that are outlined above.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_