

## St. Ambrose Catholic Homeschool Co-Op Application

# Catholic is Our Core!

St. Ambrose Catholic Homeschool Co-Op strives to help families in their role as primary educators of their children. As we are blessed to be able to hold classes on the campus of a beautiful Basilica and offer Mass, rosary, and confession during our regular meeting time, we want to ensure that all families and students participating in co-op share our like-minded vision of a wholly Catholic environment in which to educate our children.

St. Ambrose Catholic Homeschool Co-Op reserves the right to refuse any student for acceptance to our program at the sole discretion of the Core Committee and/or the Basilica Parish staff. We strive to keep high standards for our students and want the environment to be positive, encouraging, beneficial, and above all Christ-like. To ensure we maintain those standards, please fill out the enclosed application questionnaire that will provide us important information about your family.

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

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

**E-mail address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Mom cell phone:** \_\_\_\_\_

**Dad cell phone:** \_\_\_\_\_

**Working parent's occupation and employer:** \_\_\_\_\_

**Are you a registered parishioner of a Catholic parish in the southeast Tennessee, north Georgia or northern Alabama area?**

**Yes or No**      **Parish name:** \_\_\_\_\_

**How long have you been a member?** \_\_\_\_\_

**Do you and your children attend Mass regularly?** \_\_\_\_\_

**Children's names, ages and latest sacrament received. Include babies and toddlers.**

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How many years have you been involved in homeschooling? \_\_\_\_\_

Why have you chosen to homeschool your children? \_\_\_\_\_

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What curriculum do you use and for what subjects? \_\_\_\_\_

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Do your children attend any other homeschool programs? If so, where and when? \_\_\_\_\_

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Who is the primary teacher in your child's academic day? \_\_\_\_\_

What talents, skills, degrees, or experiences do you possess that would benefit co-op students? \_\_\_\_\_

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What classes are you interested in teaching or helping with? \_\_\_\_\_

Does your child's primary teacher work? Yes or No? Full time or part time? What hours? \_\_\_\_\_

Has your child ever been involved in smoking, drinking or drugs? Please explain. \_\_\_\_\_

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Has your child ever been suspended, expelled, or asked to withdraw from a public or private school or another homeschooling institution? Please explain. \_\_\_\_\_

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**All new families are required to visit St. Ambrose Co-Op during a regular Friday meeting day during the school year or to arrange an interview with the Core Committee if co-op is not in session.**

Visit date scheduled: \_\_\_\_\_

Interview scheduled: \_\_\_\_\_

**St. Ambrose Catholic Homeschool Co-Op  
Participant Information Form**

(one form for each parent, guardian, teacher, student, and nursery-age child)

Name: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Reading level: \_\_\_\_\_

Latin experience (name of last book completed): \_\_\_\_\_

For students in grades 1-8, please circle one in each section: Latin or Spanish? Art or Book Study?

Attending afternoon classes? \_\_\_\_\_ Desire afternoon drop-off (1<sup>st</sup> grade and older)? \_\_\_\_\_

For High School, please circle all classes desired: Latin Apologetics Economics U.S. History Writing & Grammar

Desire drop-off for High School? \_\_\_\_\_

Allergies (food, medication, plants, animals, etc.): \_\_\_\_\_

Prescribed medications: \_\_\_\_\_

Past medical history: \_\_\_\_\_

General health status: \_\_\_\_\_

Special needs (medical, physical, psychological, learning): \_\_\_\_\_

\_\_\_\_\_

Emergency contact (name, cell phone, relationship): \_\_\_\_\_

\_\_\_\_\_

Primary care doctor (name, phone number): \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Do you consent to have a member of the St. Ambrose Core Committee administer over-the-counter medication (such as Tylenol or Benedryl) or first aid to you or your child? \_\_\_\_\_

I affirm that the above is true to the best of my knowledge and will inform the St. Ambrose Core Committee of any changes in a timely manner.

Signed name: \_\_\_\_\_

Printed name: \_\_\_\_\_

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

St. Ambrose Catholic Homeschool Co-Op  
**Participant statement of cooperation**

I, \_\_\_\_\_, have read the St. Ambrose Catholic Homeschool Co-Op handbook and am fully aware that my child(ren) will be taught the core values of the Roman Catholic faith. I fully intend not to contradict that in words or actions during co-op hours and events as that will cause disruption and confusion in the classroom and among the other students. I agree to abide by all rules and policies stated in the handbook.

Prayer time will also be respected and participation is strongly encouraged but not enforced.

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

Printed name: \_\_\_\_\_

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

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

Printed name: \_\_\_\_\_

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

**Office use**

Family name: \_\_\_\_\_

Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash/Check #: \_\_\_\_\_ Payment plan: \_\_\_\_\_

Statement of faith signed: \_\_\_\_\_

Statement of cooperation signed: \_\_\_\_\_

Adult waiver signed: \_\_\_\_\_

Youth waivers signed: \_\_\_\_\_

Media consent form signed: \_\_\_\_\_

VIRTUS completed: \_\_\_\_\_

Date completed: \_\_\_\_\_

**St. Ambrose Catholic Homeschool Co-Op**  
**Adult Waiver and Release of Liability**  
(Please initial each section and sign at bottom)

In consideration of being allowed to participate in any way in the St. Ambrose Catholic Homeschool Co-Op or its related events and activities, the undersigned:

\_\_\_\_\_ Agrees that the participant should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise the teacher or Core Committee member of such conditions and refuse to participate.

\_\_\_\_\_ Acknowledges and fully understands that each member and participant of the co-op will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, or negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us nor reasonably foreseeable at this time.

\_\_\_\_\_ Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability, or death.

\_\_\_\_\_ Releases, indemnifies, waives, discharges and covenants not to sue the St. Ambrose Catholic Homeschool Co-Op, its affiliated clubs, their respective administrations, directors, agents and other employees of the organization, other members, participants, sponsoring agencies, sponsors – including the Basilica of Sts. Peter & Paul and the Catholic Diocese of Knoxville – advertisers, and, if applicable, owners and lessors or premises used to conduct the events, all of which are hereinafter referred to as “releases,” from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

\_\_\_\_\_ By signing below, the signer confirms that he or she has read the above waiver and release, understands that he or she has given up substantial rights by signing it, and that he or she signs it voluntarily.

Name of participant: \_\_\_\_\_

Signature of participant: \_\_\_\_\_

Address of participant: \_\_\_\_\_

Telephone of participant: \_\_\_\_\_

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

Name of participant: \_\_\_\_\_

Signature of participant: \_\_\_\_\_

Address of participant: \_\_\_\_\_

Telephone of participant: \_\_\_\_\_

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

**St. Ambrose Catholic Homeschool Co-Op**  
**Youth Waiver and Release of Liability**  
**(Please initial each section and sign at bottom)**

In consideration of being allowed to participate in any way in the St. Ambrose Catholic Homeschool Co-Op or its related events and activities, the undersigned:

\_\_\_\_\_ Agrees that the parent(s) and/or legal guardian(s) of participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise the teacher or Core Committee member of such condition(s) and refuse to allow their child(ren) to participate.

\_\_\_\_\_ Acknowledges and fully understands that each member and participant of the co-op will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, or negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us nor reasonably foreseeable at this time.

\_\_\_\_\_ Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability, or death.

\_\_\_\_\_ Releases, indemnifies, waives, discharges and covenants not to sue the St. Ambrose Catholic Homeschool Co-Op, its affiliated clubs, their respective administrations, directors, agents and other employees of the organization, other members, participants, sponsoring agencies, sponsors – including the Basilica of Sts. Peter & Paul and the Catholic Diocese of Knoxville – advertisers, and, if applicable, owners and lessors or premises used to conduct the events, all of which are hereinafter referred to as “releases,” from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

\_\_\_\_\_ By signing below, the signer confirms that he or she has read the above waiver and release, understands that he or she has given up substantial rights by signing it, and that he or she signs it voluntarily.

Name(s) of participant(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Address of participant: \_\_\_\_\_

Telephone of participant: \_\_\_\_\_

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

**St. Ambrose Catholic Homeschool Co-Op**  
**Media Acknowledgement Form**  
(Please sign at bottom)

I, \_\_\_\_\_, acknowledge and understand that the St. Ambrose Catholic Homeschool Co-Op (the "Co-Op") will record, film, photograph, audiotape or videotape my child's name, image, student work, and performance (collectively referred to as "Works") and will display, publish or distribute these Works for the purpose of publishing, posting on the St. Ambrose Catholic Homeschool Co-Op website, posting in Catholic churches, posting on social media sites and/or for broadcasting on television or radio as determined by the Co-Op.

I waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the Co-Op's control. I agree that I will not hold the Co-Op responsible for any harm that may arise from such unauthorized reproduction.

Student's Name: \_\_\_\_\_

Parent's Printed Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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