

ACTS

Albemarle Christian Teaching Support, Inc.

**New Family
Scheduling and Registration Packet
2020-2021**

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New Family Pre-Registration Checklist

- Read the *Family Handbook* accessible/downloadable from the ACTS website, www.actscoop.org/handbook-and-calendar.html – particularly the philosophy and policies sections.
- Carefully read the policy sections in the *Family Handbook*. Once they have been read and understood, **both parents and all students eight and older must sign the ENROLLMENT CONTRACT (page 5-6)**. Parents must also initial each paragraph.
- Fill out all the required information on the *REGISTRATION FORM (page 4)*. An **e-mail** address is mandatory!
- Please email the following **COMPLETED** forms in order to register:

___ *ENROLLMENT CONTRACT (page 5-6) complete with father's, mother's, and all students' signatures/initials*

___ *RELEASE OF LIABILITY FORM (page 7) complete with father's and mother's signatures*

___ *REGISTRATION FORM (page 4)*

___ *BACKGROUND CHECK INFORMATION FORM (page 11)* for each parent (or grandparent) that will be performing service hours. ***please hold off on this step due to COVID**

___ Your driver's license. If you are submitting a background check form for your spouse, please bring a photocopy of their driver's license as well.

___ The list of classes and periods that you would ideally want for your child(ren). Check the class list on the website for availability.

___ A copy of this checklist

___ *NEW FAMILY INTRODUCTION FORM (page 14)*

- Talk to Registrar or Assistant Registrar about paying dues of \$100 online via Paypal or mailing a check made payable to ACTS (**non-refundable and no cash please**). Checks may take 30 days to process. If bank account changes are planned, make sure check has cleared.
- Background checks will be run at a later date. At that time, you will need to write a check for \$8.00, payable to ACTS, **for each** background check you submit. These checks are **non-refundable** and will be deposited within a few days of registration. This amount can be included in your dues check if you wish.
- Mark the **Mandatory Orientation Meeting** on your calendar. September tuition will be collected, and those who did not sign up in May for their required service hours will do so. One parent must attend and children are welcome. Students may begin classes if September's tuition has been paid, and if you have signed up for your required service hours.
- Mark **tuition due dates** on your calendar.
- Have your calendar available when time comes to sign up for service hour shifts.
- Do not** bring tuition checks. Families who register May-August pay September's tuition at the Mandatory Parent Orientation Meeting.

Registration Form

Parents' Names _____ Registration Date _____

Currently Enrolled in ACTS? Yes ___ No ___ HSLDA Member Yes ___ No ___

Address _____ City/Zip _____

Home Phone _____ Cell phone _____ Dad's work phone _____

Emergency Contact _____ **Emergency Contact Phone #** _____
(another ACTS member, if possible)

Email _____ *(required, and update in HORAS promptly if it changes)*

I hereby authorize ACTS Inc. to conduct criminal background checks on the person(s) doing service hours.

Signature _____ Date: _____

Signature _____ Date: _____

****Only NEW FAMILIES need to complete the following box. Please use the back if you need more room.***

Student Name	Date of Birth	Age as of 11/1/20	Grade as of 9/1/20	Gender	Race <small>*Pursuant to federal regulations, we collect responses to the questions below to meet record-keeping requirements. This information will NOT influence your participation in ACTS. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.</small>
					<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
					<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
					<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
					<input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

<i>Registrar Use Only:</i>		
Dues Check # _____	Release of Liability _____	New Family Form _____
Materials Fees Paid _____	All Signatures on Contract _____	Any age exceptions requested? _____
Background Check _____		Exception forms approved? _____
One Semester homeschool experience? Yes _____ No _____		Student schedules attached & initialed? _____

Enrollment Contract

Please initial each paragraph

_____ We are enrolling our child(ren) in Albemarle Christian Teaching Support, Inc. (“ACTS”) for the 2020-2021 co-op year. We understand our commitment is for the co-op year (Sept.-May). We have not registered any of our children for classes for which they do not meet age requirements without prior Officer and Teacher approval.

_____ We have read and understand the **ACTS Statement of Faith** and agree to respect these as the doctrinal beliefs upheld by the ACTS leadership and the teachers who hold classes at ACTS.

_____ We understand that class offerings through ACTS are a supplement to our children. As home-schooling parents we understand that it is our responsibility to issue credits and grades. Parents are responsible for maintaining all educational responsibility. Parents may ask for grades from their child’s teachers, but the parents are ultimately responsible. ACTS and teachers who hold classes at ACTS assume no educational responsibility.

_____ We have read and understand the **ACTS Registration Policies and completed the Background Check Information Form.**

_____ We have read and understand the **ACTS Tuition Policies.** We agree to pay tuition in accordance with these policies. We understand that if we withdraw our children or they are dismissed from co-op, that we will be held responsible to pay the entire amount of tuition owed to our child(ren)’s teachers for the remainder of the year. We understand that while we are offered the opportunity to pay monthly, that tuition is a yearly obligation. Attached is a copy of each child’s schedule in our family. We have circled and initialed the yearly tuition amount that we owe the teachers.

_____ We understand that **ACTS dues and background check fees are non-refundable.**

_____ We have read and understand the **ACTS Service Requirement Policies. ACTS operates as a cooperation of families** endeavoring to supplement the education of their children. ACTS is only as strong as its weakest link. ACTS is not a school, with tuition to cover facility management, administrative oversight, and safety. The hours of service performed by us (as members) are **absolutely necessary** to ACTS’ existence and maintenance. We understand there will be a \$50 fee for any scheduled service shift for which we don't show. We understand that failure to fulfill our family’s service hour obligation may result in loss of priority scheduling over newer families as well as termination of our ACTS membership.

_____ We have read, understand, and **agree to abide by the ACTS Supervision, Discipline, Conduct, and Dress Code Policies.**

_____ We understand that **ACTS policies** may be subject to changes throughout the year and that it is our responsibility to be aware of the posted policy revisions supplied through the **Weekly Update.** We understand that the **Weekly Update** is the primary means of communication from ACTS and agree that we are responsible for the information relayed.

_____ We understand that field trips or activities outside of class are NOT sponsored by ACTS. Any activities outside of the ACTS Calendar year are voluntary arrangements between each family with the teacher.

_____ We understand that we are responsible for our children at all times. We understand that we’re fully responsible for informing the ACTS officers and teachers of any significant allergy **in writing.**

_____ We have read, understand, and have signed the **ACTS Release of Liability Form.**

_____ ACTS reserves the right to terminate our participation.

Enrollment Contract continued...

Father's Signature

Date

Mother's Signature

Date

We have read, understand, and **agree to abide by** the **ACTS Supervision, Discipline, Conduct, and Dress Code Guidelines and Policies.** *(Signature required for children age eight and older.)*

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Student's Signature

Date

Release of Liability Agreement

In consideration of being permitted to participate in Albemarle Christian Teaching Support, Inc. activities, *(please list all family members on these lines)* _____

(hereinafter referred to as "Family") agree to the following:

1. Release, covenant not to sue, waive, and discharge, Albemarle Christian Teaching Support, Inc. ("ACTS") or First Baptist Church, their respective officers, directors, employees, board members, and volunteers, or other families participating in ACTS activities (hereinafter referred to as "Releasees") from all liability for any loss or damage and any claim or damage on account of any property damage or personal injury, illness, infection, or death of a Family member occurring during, caused by, arising out of, or relating to attendance or participation in any ACTS activities or any other activities in, on, or about the premises of First Baptist Church or otherwise affiliated with ACTS or First Baptist Church.
2. Family agrees to indemnify Releasees from any loss, liability, damage or cost Releasees may incur due to the presence of Family in, on, or about the premises of First Baptist Church. Family realizes transportation to and from ACTS or any time off campus is the Family responsibility.
3. Family assumes full responsibility for risk of bodily injury, illness, infection, death, or property damage while in, on, or about the premises of First Baptist Church and/or while working for any purpose, attending, or participating in the co-op activities or any other activities affiliated with ACTS.
4. Family acknowledges that attending or participating in ACTS activities or any other activities on the premises of First Baptist Church may result in Family being exposed to infectious diseases (including without limitation influenza and SARS-CoV-2), and Family voluntarily assumes the risks that Family may be exposed to or infected by infectious diseases while attending or participating in such activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death, and Family has read and agrees to the Assumption of the Risk and Waiver of Liability Relating to COVID-19 (SARS-CoV-2 / Coronavirus), which is incorporated herein by this reference.
5. Family expressly agrees that this release waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Virginia and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
6. Family, in consideration of being permitted to participate in ACTS activities, for Family, and Family's heirs, executors, administrators, and assigns, releases and forever discharges all Releasees, and their heirs, administrators, and executors of and from any and every claim, demand, action, of whatsoever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage during participation in ACTS activities or any activities in connection with ACTS.
7. Family states that both Mother and Father of Family have carefully read the above release and know the contents of the release and sign this release as Family's own free act.
8. Family releases all officials and professional personnel from any claim whatsoever on account of first aid, treatment or service rendered Family during participation in ACTS activities.
9. ACTS operates under Biblical guidelines and believes that the Bible commands them to make every effort to live in peace and to resolve disputes with each other in private or within the Christian church (Matthew 18:15-20; I Corinthians 6:1-8). Therefore, the parties agree that any claim or dispute arising from or related to this agreement shall be settled by biblically-based mediation according to Biblical conduct. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement or any dispute arising out of any activities or events associated with ACTS, Inc. and expressly waive their right to file a lawsuit in any civil court against one another or against another ACTS family for such disputes, except to enforce an arbitration decision.
10. This agreement shall be binding on each member of the Family, their personal representatives, assigns, heirs, and next of kin.
11. This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Date _____

Father's Signature _____

Mother's signature _____

Print Name _____

Print Name _____

Print two copies of this document. Sign and date both copies. Keep one for your records and submit one with registration.

Assumption of the Risk and Waiver of Liability Relating to COVID-19 (SARS-CoV-2 / Coronavirus)

In consideration of being permitted to participate in Albemarle Christian Teaching Support, Inc. (“ACTS”) activities, (*please list all family members on these lines*) _____

(hereinafter referred to as “Family”) agree to the following:

1. Family acknowledges that the 2019 Novel Coronavirus (known as SARS-CoV-2) (and the infection disease it causes, known as COVID-19) has been declared a worldwide pandemic by the World Health Organization and has resulted in federal, state, and local declarations of emergencies.
2. Family agrees to comply, as much as possible, with any and all health and safety recommendations, policies, rules, and regulations that may be adopted from time to time by ACTS, the Virginia Department of Health (“VDH”), the Centers for Disease Control (“CDC”), or the Governor of Virginia relating to the COVID19 pandemic.
3. Family understands and acknowledges that attending or participating in ACTS activities or any other activities on the premises of First Baptist Church may result in Family being exposed to SARS-CoV-2 and may result in Family developing a COVID19 infection, and Family voluntarily assumes the risks that Family may be exposed to or infected by SARS-CoV-2 / COVID19 while attending or participating in such activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Family understands and acknowledges that the risk of becoming exposed to or infected by SARS-CoV-2 / COVID19 while attending or participating in such activities may result from the acts, omissions, or negligence of Family members or others, including without limitation ACTS officers, directors, employees, volunteers, attendees, and participants and their family members.
4. Family understands and acknowledges that ACTS cannot guarantee that Family will not become infected with SARS-CoV-2 / COVID19 and that attending or participating in ACTS activities or any other activities in, on, or about the premises of First Baptist Church or otherwise affiliated with ACTS or First Baptist Church could increase the risk of Family contracting SARS-CoV-2 / COVID-19.
5. Release, covenant not to sue, waive, and discharge, Albemarle Christian Teaching Support, Inc. (“ACTS”) or First Baptist Church, their respective officers, directors, employees, board members, and volunteers, or other families participating in ACTS activities (hereinafter referred to as “Releasees”) from all liability for any and all claims, losses, and damages caused by, arising out of, or related to (a) personal injury, illness, infection, or death of a Family member occurring during, caused by, arising out of, or relating to attendance or participation in any ACTS activities or any other activities in, on, or about the premises of First Baptist Church or otherwise affiliated with ACTS or First Baptist Church, or (b) the acts, omissions, or negligence of the Releasees, including without limitation the failure to adopt, implement, or enforce appropriate or sufficient health and safety recommendations, protocols, policies, rules, and regulations related to SARS-CoV-2 / COVID19 or the failure of the Releasees to promptly notify Family of potential exposure to other individuals who test positive for SARS-CoV-2 / COVID19.
6. If any Family member tests positive for SARS-CoV-2 / COVID19 or experiences any symptoms of illness associated with COVID19 (including, but not limited to: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea), all Family members will refrain from attending or participating in any ACTS activities or any other activities in, on, or about the premises of First Baptist Church or otherwise affiliated with ACTS or First Baptist Church until such Family member meets then-current CDC guidelines for ending self-isolation or quarantine, which are currently: (1) at least 10 days have passed since symptoms first appeared or the date of testing positive, and (2) at least 24 hours with no fever without fever-reducing medication, and (3) symptoms have improved.
7. Family acknowledges that they are encouraged to promptly notify ACTS if any Family member tests positive for SARS-CoV-2 / COVID19 or is suspected of having COVID-19.

Date _____

Father’s Signature _____

Mother’s signature _____

Print Name _____

Print Name _____

Print two copies of this document. Sign and date both copies. Keep one for your records and submit one with registration.

Class Registration Exception Request

Registration Exception Policy: ACTS teachers thoughtfully set the intended grade level for their course, and these levels must be respected by all members. Because homeschooling families do not strictly follow grade levels, the minimum and maximum grades for each class are added to each course description. Parents must carefully evaluate their rationale for advancing or retaining their children in classes in which they do not meet the intended grade range. To respect one another, members must realize that granting a class registration exception frequently prevents a fellow student of the intended grade/age level from benefiting from the class. Exceptions should be requested very rarely and should be based primarily upon academic rationale. (For p.e classes, physical stature rather than academic level may be appropriate rationale.) Students who are exceptionally advanced, or those who have learning delays / disabilities may be considered appropriate for class registration exception requests; arranging for siblings to have the same class or scheduling preferences are not considered appropriate rationale for registration exception requests.

Public schools use September 30 to determine grade level; ACTS policy is more flexible: **November 1st** is the date **minimum** age is determined, and **August 31st** is the date **maximum** age is determined. Rationale: many homeschooling parents base their child's grade level on their age for most of the school year. (example: A child who turns six years old October 8th, is six for eight of the nine months of the school year, and is a first grader); other parents base their decision upon the child's age by September 1st. The ACTS minimum and maximum requirements allow grade flexibility for Sept. 1 through Oct. 31 birth dates, and intend to promote fairness of enrollment and appropriate learning environments. (for examples see Registration Policies page located in the Policies section of this handbook)

I submit this class registration exception request because my child is: (please circle) 1) Exceptionally advanced, 2) Has a learning delay or disability, 3) Other. I have described my child's particular situation below, and respectfully request a class registration exception for the intended grade level for this course be made. **I understand the registrar must schedule my child into this course in HORAS and will do so only after approval is granted by the teacher and Officers.**

Student's name: _____ Email address _____

Student's Date of Birth _____ Age by August 31st _____ or Age by November 1st _____
(if older than max grade) (if under the min grade)

Class Name: _____ Class Period _____ Teacher _____

Grade level for 2020-2021 _____ Minimum/maximum grades for the class: _____

Rationale Supporting the Request: (use the back if necessary)

Was this class requested on the Needs Assessment? _____ (yes/no)

I understand that registering my child ahead of grade level now may create gaps in their schedule in the future. When course work becomes more difficult and pre-requisites are involved, they may not be ready to move to the next course in the sequence.

I understand that if this exception is granted for the _____ school year, it does not approve continual exceptions. Exception requests must be submitted each year.

Parent Signature Date _____

Teacher Signature Date _____

Registrar Signature Date _____ Approved? _____

New Family Introduction Form

We welcome new families to ACTS, Inc. and we look forward to getting to know you and your children. In order to begin that process, please provide the following information. Thank you!

Parents' First and Last Names: _____

Child(ren)'s first name(s): _____, _____, _____, _____, _____

Please provide school background information for each of your child(ren) enrolling in ACTS. Where has your child been schooled? Have your child(ren) ever required formal disciplinary action by a school, or been suspended or expelled? If yes, please explain. Use the back of this sheet if necessary.

How many years have you been homeschooling, (An entire semester of homeschooling experience is required unless your oldest child is kindergarten age, and we suggest this experience has been within the past two years,) and briefly summarize your reasons for home education as the schooling choice for your family.

Please list currently enrolled ACTS families and/or church elder or pastor that can serve as a personal reference for your family:

We want your children to enjoy and to succeed in their classes. Please thoroughly communicate any learning challenges or special needs your child may have. Please also explain any special accommodations your child may require while at ACTS. Please continue onto the back of this page. **Special needs include but are not limited to:** wheel chairs, service aides, service dogs, vision or hearing impairments, autism, ADD/ADHD, and medical equipment requirements.**

*****Remember, for those registering after the school year has begun, all paperwork and checks are due the Saturday before the class date you plan to start.***

Background Check Information Form

**If you have completed a Background Check for ACTS in the past 4 years, you do not need to fill this out. Unfortunately, Background Checks completed for other organizations cannot be used for ACTS. Your family profile in HORAS lists the date of your last Background Check.)

Please bring this completed form(s) with you, a check payable to ACTS Inc., along with your driver's license on registration day. We will input the information **AS YOU WAIT**. This paper copy **will be returned to you right then** for safekeeping or destruction. Families who do not register in person may ask to have the form returned or we will shred it for you. **If you'd like to submit information on your spouse and/or a grandparent so that they may perform service hours as well, bring a completed copy of this form, as well as a copy of their driver's license.**

Full name: _____
(Should be the exact name on your social security card)

Birthdate: _____

Social Security Number: _____

Current Address: _____
(Cannot be a P.O. Box)

