

New Generation Academy Registration Packet 2016-2017

Mail Form to: NGA, 805 Glynn Street, Suite 127- , Fayetteville, GA 30214

Mom's Name: _____ Mom's Cell Phone: _____

Dad's Name: _____ Dad's Cell Phone: _____

Home Address: _____

City: _____ Zip Code: _____

Email Address: _____

Emergency Contact and Phone Number: _____

Church of Attendance: _____

Student #1 (Please make additional copies of this page for additional children)

Student Name: _____

Grade for 2016-2017: _____ DOB: _____

Email Address: _____ Cell Phone: _____

Course Selections:

1st Period: _____ 2nd Period: _____

3rd Period: _____ 4th Period: _____

5th Period (if applicable): _____

How many years has student been homeschooled? _____ Public School?: _____ Private School?: _____

Other pertinent information about this student? _____

What high school level math and science has this student successfully completed? _____

Student #2

Student Name: _____

Grade for 2016-2017: _____ DOB: _____

Email Address: _____ Cell Phone: _____

Course Selections:

1st Period: _____ 2nd Period: _____

3rd Period: _____ 4th Period: _____

5th Period (if applicable): _____

How many years has student been homeschooled? _____ Public School?: _____ Private School?: _____

Other pertinent information about this student? _____

What high school level math and science has this student successfully completed? _____

2016-2017 NGA Participation Form/Liability Release*

** One form is needed per child.*

I, _____, parent/guardian of _____, a student in New Generation Academy, agree that:

1. The above named student has my permission to participate in NGA classes, field trips, activities (with my prior approval) during the school year. I understand that I will be notified in writing in advance of the dates and locations of the field trips.
2. I agree to release NGA, our host church, and any leaders or members from any claim for personal injury or damages resulting from my student's participation in any NGA sponsored class or activity.
3. I give my permission for my child to travel with another NGA parent with prior arrangements to NGA activities.
4. In the event of emergency or medical need, I give permission to NGA leadership to seek medical care.
5. I release the following information about my child:
 - A. Physical problems, limitations, learning disabilities _____

 - B. Medication _____

 - C. Food, Drug or other Allergies _____
 - D. Name and phone number of physician _____
 - E. Emergency contact in case I am unable to be reached: _____

 - F. If the above student is covered by medical insurance please list the insurance company name and policy number _____

As the parent or legal guardian of the above named student, I am authorized to sign this permission form. I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT NGA CO-OP, ITS LEADERSHIP, ITS MEMBERS AND ITS HOST CHURCH ARE RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY CHILD'S PARTICIPATION IN ANY NEW GENERATION ACADEMY SPONSORED CLASS OR ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

Parent name (Print)

Date

Parent signature and address

Release Information:

Parent Initial

_____ **Photo Release** – NGA has permission to use photos of my family in publications, both print and electronic. NGA uses photos of its members on its website and on other documents. Every precaution for student safety is taken. Students' names and personal information are never posted in conjunction with the photograph.

_____ **Statement of Faith (see NGA Handbook at ngacoop.com)** - My family has read the Statement of Faith and we are in agreement with it. We understand that the Bible is the final authority on both behavior and teaching perspective.

_____ **NGA Handbook** - My family has read the NGA Parent Handbook (found at ngacoop.com). I have discussed the contents with all members of my family who will be participating at NGA. By signing this document my family consents and agrees to abide by the policies and procedures of NGA.

_____ **Financial Obligation Agreement** – I have seen the financial obligations associated with participation in NGA (see NGA Handbook at ngacoop.com). I am aware that fees are due by the first Monday of the month and that once I my family become a member of NGA I are committed to the financial obligations for the full year.

Please include a check for the registration fee with your mailed application. Registration fees are as follows : Returning families before May 31 - \$30, New families & returning families after May 31 - \$60.