

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

**Courtyard Classical Academy  
Family Registration Form 2022-2023**

Student #1	Student #2	Student #3
<u>Name:</u>  <u>Nickname:</u>	<u>Name:</u>  <u>Nickname:</u>	<u>Name:</u>  <u>Nickname:</u>
<u>Birthdate:</u>  <u>Age:</u>	<u>Birthdate:</u>  <u>Age:</u>	<u>Birthdate:</u>  <u>Age:</u>
<u>Grade Level 2022-2023:</u>	<u>Grade Level 2022-2023:</u>	<u>Grade Level 2022-2023:</u>
<u>Parents' Names:</u> _____ _____		
<u>Mailing Address:</u> _____ _____		
<u>Email Address(es):</u> _____		
<u>Phone #1 Number:</u>	<u>Phone #1 Name:</u>	
<b>Call?</b> Yes No <input type="checkbox"/> Preferred <b>Text?</b> Yes No <input type="checkbox"/> Preferred	<b>Images?</b> Yes No	<b>Voicemail?</b> Yes No
<u>Phone #2 Number:</u>	<u>Phone #2 Name:</u>	
<b>Call?</b> Yes No <input type="checkbox"/> Preferred <b>Text?</b> Yes No <input type="checkbox"/> Preferred	<b>Images?</b> Yes No	<b>Voicemail?</b> Yes No
<u>Additional Emergency Contact &amp; Phone:</u> Call only    Text only    Call or Text		
<u>Name:</u> _____ <u>Relationship:</u> _____ <u>Phone:</u> _____		
<u>Additional information (include allergies):</u> _____ _____		
In the case of <u>minor</u> complaints (headache, heartburn, cramps, etc.), my student(s) <u>age 12 or over</u> may be given <u>ONE</u> standard dose of the following OTC medications: <input type="checkbox"/> NONE – Call me for <i>any</i> complaints, and I will bring and administer medication or take my child home. <input type="checkbox"/> Acetaminophen (e.g.—Tylenol) <input type="checkbox"/> Ibuprofen (e.g.—Advil) <input type="checkbox"/> Chewable antacid tabs (e.g.—Tums) <i>No more than <u>one</u> dose will be administered. If the complaint persists 30 minutes after one dose, the parent will be called.</i>		

**OUR FAMILY AGREES TO:**

- Acknowledge that the Courtyard Classical Academy will be held at **St. Luke’s Episcopal Church in Cleveland, TN**
  - Attend one mandatory **Orientation Meeting on Monday, August 1, 2021** from **6:30pm to 8:30pm** at **St. Luke’s Episcopal Church in Cleveland, TN**. Please plan accordingly.
  - Read the 2022-2023 Contract carefully and thoroughly.
  - Adhere to the 2022-2023 Contract fully. In the event of the failure of parent(s) or student(s) to abide by any terms of this Contract, suspension of the student or termination of the academy’s relationship with the family is possible.
- No refunds will be considered if a student or family is dismissed for breach of contract.*
- Help to uphold guidelines of the Contract for purposes of order and safety.
  - Not send sick students to class and promptly pick up any of our family’s students who become sick during the day.
  - Respect the academy’s & church’s property and those in authority.
  - Release, hold harmless, and indemnify Courtyard Classical Academy, St. Luke’s Episcopal Church, their agents, representatives and employees from all claims, damages, or other liabilities for injuries to my child which are not the result of gross negligence or willful misconduct by the academy, or its agents, representatives, or employees acting within the scope of their duties.
  - Reimburse the appropriate property owners for any property damage caused by our family.

Parent(s):

_____	_____	_____
Signature	Print Name	Date
_____	_____	_____
Signature	Print Name	Date

**I/WE, THE STUDENT(S), ADDITIONALLY AGREE TO:**

- Respect the staff, fellow students, families, and property of Courtyard Classical Academy and St. Luke’s Episcopal Church in both word and action.
- Diligently attempt to complete assignments to the best of my/our ability.
- Neither give nor receive help on any quiz, test, exam, or other significant assessment. (This does not prohibit study groups or working together in an appropriate, equitable way on projects.)
- Dress appropriately for class, according to the dress code in the Contract.
- Bring no prohibited materials to the premises, including weapons, alcohol, tobacco, or other drugs not specifically requested/provided by a parent.
- Understand that electronic devices (phones, etc.) may be used only for emergencies or with explicit teacher permission.

Student(s):

_____	_____	_____
Signature	Print Name	Date
_____	_____	_____
Signature	Print Name	Date
_____	_____	_____
Signature	Print Name	Date