

BASTROP INDEPENDENT CHRISTIAN CO-OP



APPLICATION
for New Families

Dear Homeschool Family,

Please read the BICC Handbook **before** completing this application.

Thank you,
BCHA-BICC Board

BASTROP INDEPENDENT CHRISTIAN CO-OP

FAMILY MEMBERSHIP APPLICATION

SCHOOL YEAR: 20__ - 20__

• Info@bcha.cc •

FAMILY INFORMATION (Parents homeschooling the children)

Last Name (in CAPS) _____ Husband _____ Wife _____

Home Address _____
Street _____ City _____ State _____ Zip _____

His phone: _____ Her phone: _____

His email: _____ Her email: _____

Referred by _____ Fellowship / Church Affiliation _____

CHILDREN INFORMATION (If needed, use the back of the sheet. List children that will attend BICC.)

FIRST NAME	SEX	GR. (in Sept)	BIRTH DATE	MEDICAL ISSUES	YEARS- HOMESCHO LED

CHOOSING CO-OP

	Academics		Social Interaction
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Classes you'd like to see:

Talents, skills, or special interests you'd like to share:

	Nursery	2s-4s	Primary K-3rd	Intermediate 4th-8th	Middle/Early HS 7th-9th	Upper 10th-12th
9:00-9:55	Nursery	Bible & Play	Math U See Beta	World Geography	Lit & Comp	Chemistry
			Art		Speech/Health	
					Poetry & Book Club	
					Study Hall	
10:00-10:55	Nursery	Music, Snack, & Recess	Literature & Lapbooks	American Hist. 3	Modern Hist. (SOW 4)	English 3
			Baking/Cooking		Bible & Hebrew	
					Algebra 1	
					Study Hall	
11:00-11:55	Nursery	Thematic Units	World Geography	Masterbooks Lang 6	General Science 101	Govt. & Econ.
			Book Club: Mysterious Benedict Society		Art & Techniques	
					Pre-Algebra	
					Study Hall	
12:00-12:55	Lunch & Recess					
1:00-1:55	Nursery	Calendar & Stories	4-H Science	Apologia Botany	Spanish 1	
			Tower Gardening & Cooking		Dance	
					Basketball	
					Piano	
					Study Hall	

SIGNATURE AND LIABILITY PAGE

I HAVE READ AND AGREE TO ABIDE BY THE FOLLOWING:

BICC Handbook	BICC Expectations
BICC Guidelines	BICC Operational Rules
BCHA Technology Use Policy	

BCHA-BICC MAY USE PHOTOGRAPHS AND/OR VIDEO OF ME AND/OR MY CHILDREN TAKEN DURING THE SCHOOL YEAR AT CO-OP OR ON FIELD TRIPS IN PUBLICATIONS, ONLINE, AND IN OTHER COMMUNICATIONS RELATED TO THE MISSION OF BCHA-BICC. STUDENT NAMES WILL ONLY BE ATTACHED TO INTERNAL PUBLICATIONS SUCH AS THE YEARBOOK AND THE MEMBERS-ONLY FACEBOOK PAGE.

I give my consent.	I do not give my consent.
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_____ Father	_____ Mother
_____ Student (Middle & High School)	_____ Student (Middle & High School)
_____ Student (Middle & High School)	_____ Student (Middle & High School)
_____ Student (Middle & High School)	_____ Student (Middle & High School)

OFFICE USE

YEARLY MEMBERSHIP PAYMENT INFORMATION				
Ck #				
Date			Board Member Receiving Application	Date