Conyers Adventist Academy
2026-2027
Homeschool Coop Application

School Year _____ **Date Submitted** _____ **Date Entering** _____

Full Legal Name of Students:

1. **Name of Student** _____ **Grade Entering** _____
2. **Name of Student** _____ **Grade Entering** _____
3. **Name of Student** _____ **Grade Entering** _____
4. **Name of Student** _____ **Grade Entering** _____

3001 Old Salem Road, SE GA 3001
Phone: 770-679-5712
Email: info@thecaaschool.com
Website: https://conyersadventistacademy.com/

Student Information

_____

Last Name First Name Middle Name

_____ _____ _____

Address City Zip

Date of Birth: _____

Entering Grade: _____

Parents Information

_____

Last Name First Name Middle Name

_____

Address City Zip

Home Phone # _____ Mobile # _____

Tuition and Fees		
Rates	**Per month**	**Per Year**
Registration Fee	$30	
Tuition:	$75	$750
After School Activities		$150/$200

Non Refundable Application Fee: $30
Registration School Fees $75 per month; $750 per year
Afterschool Activities $150 per year for 1 Activity
$200 per year for 2 or more activities

I _____, acknowledge that the cost of registration is _____, and is due along with the first month's tuition prior to or on the first day of school. Also, I acknowledge that my tuition payment of _____ is due on the first day of each month from August through May, and is considered delinquent after the tenth of the month, unless prior arrangements have been made with the administration.

Signature _____

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Medical Information Form and Authorization for Medical Care

Program/Activity Name

I. Basic Personal Information (please print)

Child's Name: _____ Date of Birth: _____

Local Address: _____

_____

City _____ State _____ Zip _____

Cell Phone Number _____ Work Phone Number: _____

Home Phone Number: _____

II. Emergency Contact Information

Person to notify in case of emergency: _____

Contact's Phone Number: _____

Contact's Address: _____

City: _____ State _____ Zip _____

Family Physician: _____ Phone Number: _____

Insurance Provider: _____ Phone Number: _____

Subscriber:

Note: This institution does not offer any form of health, liability, or other types of insurance for participants. Please attach a copy of the front and back of your insurance card with this form.)

III. Medical Information

Please list any current medical concerns or medical history we need to know about your child/ren: (e.g. past injuries, current conditions, physical limitations, etc.).

List any allergies your child/ren has (e.g. medications, stings, food, iodine, latex, etc.).

_____

List any medication(s) your child/ren is/are currently taking, their purpose, dosage and times taken:

_____

Does your child/ren need any accommodations to safely participate in the program/activity?

Yes ☐ No ☐ If yes, please explain

_____

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Does your child/ren require any assistance with his or her medications? If so, please explain:

_____

Last Tetanus shot date: _____

IV. Authorization for Medical Care

I understand that my child/ren is/are voluntarily participating in a program/activity. By signing this form, I hereby acknowledge that all information is accurate and current, that any activity restrictions, allergies, and medications are listed on this form, and to the best of my knowledge, my child/ren is capable of participating safely in the program/activity. I acknowledge that my failure to disclose relevant information may result in harm to my child/ren and/or others during this program/activity. I agree to notify the program/activity of any changes in my child/ren's mental, physical, or medical condition before the program/activity begins.

I understand that Conyers Adventist Academy does NOT provide medical insurance for my child/ren and that I should consult my child/ren's physician before allowing my child/ren to participate in program/activities. In the case of accident or illness, I hereby authorize the program/activity staff to administer or seek medical treatment for my child, as they see fit, including routine first aid care or emergency medical treatment. I hold harmless and agree to indemnify the program/activity, Conyers Adventist Academy, and its Board from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained by my child/ren's participation in such voluntary program/activity.

Name of Participant: _____ Signature of Parent/Guardian: _____

PHOTOGRAPHY CONSENT FORM/RELEASE

I,_____ (print name) hereby grant permission to Conyers Adventist Academy representatives, to take and use photographs and/or digital images of me for the use in news releases and in promotional material for the school. These materials might include printed or electronic publications, websites, or other electronic communications. I agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Conyers Adventist Academy. Furthermore, I release Conyers Adventist Academy from any and all liability arising from the use of said photography.

_____

(Date)

_____

(Signature of adult)

_____

(Address)

_____

(City, State, Zip)

RELEASE FOR MIN0R CHILDREN (UNDER 18)

I, _____ (print name) parent or official guardian of:

____ _____ hereby grants permission to Conyers Adventist Academy representatives, to take and use: photographs and/or digital images of my child for the use in news releases and/or promotional materials. These materials might include printed or electronic publications, websites or other electronic communications. I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Conyers Adventist Academy. Furthermore, I release Conyers Adventist Academy from any and all liability arising from the use of said photography.

_____

(Date)

_____

(Signature of Parent or Guardian)

_____

(Address)

_____

(City, State, Zip)

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