James River **Cobblestones**

2019-2020 Application

**Parent Information:**

Mom’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ex. Married, divorced, etc.)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom’s Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad’s Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address for student (teens who may have different email):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Information:**

**First Student:** Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate Male or Female: \_\_\_\_\_\_\_\_Male \_\_\_\_\_\_\_\_\_\_Female

Student’s Current Age: \_\_\_\_\_\_\_\_\_Student’s Date of birth (mm/dd/year):\_\_\_\_\_\_\_\_\_\_\_\_

**Second Student**: Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate Male or Female: \_\_\_\_\_\_\_Male \_\_\_\_\_\_\_\_\_Female

Student’s Current Age: \_\_\_\_\_\_\_\_\_\_Student’s Date of Birth (mm/dd/year):\_\_\_\_\_\_\_\_\_\_\_

**Third Student:** Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate male or female: \_\_\_\_\_\_\_Male \_\_\_\_\_\_\_\_\_Female

Student’s Current Age: \_\_\_\_\_\_\_\_\_Student’s Date of Birth (mm/dd/year): \_\_\_\_\_\_\_\_\_\_\_\_

**Fourth Student:** Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate Male or Female: \_\_\_\_\_\_\_\_Male \_\_\_\_\_\_\_\_\_\_Female

Student’s Current Age: \_\_\_\_\_\_\_\_\_Student’s Date of birth (mm/dd/year): \_\_\_\_\_\_\_\_\_\_\_\_

Please list any additional students on an attachment. See attached

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the James River Home School Academy?

How many years have you homeschooled: \_\_\_\_\_\_\_\_\_\_

Have your children previously attended any home school co-ops, academies or taken classes, etc.? \_\_\_\_\_\_\_ If so, please list the name of Homeschool Co-op or Academy and address:

Number of years attended: \_\_\_\_\_\_\_\_\_ Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this student(s) ever been suspended from any public or private school, or any homeschool co-op or academy because of discipline problems? \_\_\_\_\_\_\_\_\_\_ If so, please list reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has this student(s) ever been charged with an offense by the police? \_\_\_\_\_\_\_\_\_\_

If you answered yes to either of the above, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student(s) have any special needs that would hinder their learning, or that the teacher would need to know? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Please note:** Our teachers are not trained for special needs.

**Church Attendance:**

Name of church you are currently attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time attended: \_\_\_\_\_\_\_\_\_\_\_\_ (If less than 2 years, church attended before) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release Form**:

Medical Release Form must be completed for each student and returned with the application (unless you have already completed a current form for the Eagles sports).

 I will complete the Required Medical Information form, sign and return it. \_\_\_\_\_Yes

The Required Medical Information is completed, current and on file. \_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

**General:**

My child is home-educated (and in accordance with State Law) and we have read and agree to abide by the JRHSF Cobblestones Student and Parent Handbook (including Code of Conduct and Dress Code). \_\_\_\_\_\_\_\_\_\_\_ Initials

JRHSF Cobblestones has my permission to use photographs taken of my child to be used in any and/all publications related to the JRHSF Cobblestones (note: pictures of children will only be shared on the Cobblestones FB closed group) \_\_\_\_\_\_\_\_\_Initials

**James River Cobblestones Handbook**:

I have read the JRHSF Handbook, as well as explained it to our children. I certify that I consent to and will submit to all governing policies of the JRHSF, including all applicable policies in the Student Handbook. I understand that this Handbook does not contractually bind JRHSF and is subject to change without notice by decision of JRHSF governing body. I understand that admission to the JRHSF is a privilege, not a right, and that any behavior, either on or off campus, which is not consistent with the school’s standards could result in the loss of that privilege. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials

**Fees/Tuition**:

Classes are a full school year commitment, unless notated otherwise under the class description (some extracurricular classes may be 6-12 weeks). There will be **no refunds of tuition fees or registration fees** after the Orientation Tuition/fees for classes that are for one semester (or less) are due on the first day of class, and there will be no refund after classes have begun.

**NOTE:** Registration Fee/Tuition are **non-refundable**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_Initials

**Notice of Admission/Denial** – James River Cobblestones will notify you upon acceptance (or denial), after the application has been received with all references, and the parent/student interview has been conducted. Thank you! Please fill out the Registration Fees Form online or visit us at www.jrhsf.org for additional information.

**Statement of Faith:**

Please read carefully, sign and initial. The initialed page is to be returned with the application also. James River Cobblestones is a Christian homeschool Academy. We desire to have Jesus Christ in the center of all the subjects we teach. Our classes will be taught with a Biblical World view. Below is our Statement of Faith. Please read this carefully, and you must initial that you understand our Statement of Faith.

**Statement of Faith**

 • We believe that “All Scripture is given by inspiration of God,” which we hold to be the whole book called THE HOLY BIBLE – inspired by the Holy Spirit, inerrant in the original writing, and the infallible Word of God. Its teaching and authority is absolute and final, and thus our guide to faith and practice.

 • We believe in one God Who is creator, sustainer and ruler of all, existing in three persons – the Father, the Son and the Holy Spirit.

• We believe that all have sinned and are therefore guilty before God and repentance is commanded for all and necessary for forgiveness of sins.

• We believe that all who by faith receive Jesus Christ are then born again of the Holy Spirit and receive everlasting life.

• We believe that the term “marriage” has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture (Genesis 2:18-25).

 • We believe that all human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life.

• We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God (Genesis 1:26-27).

For purposes of the James River Home School Academy’s (James River Home School Foundation) faith, doctrine, practice, policy and discipline, our board of directors is the JRHSF final interpretive authority on the Bible’s meaning and application. \_\_\_\_\_\_\_\_**Initials**

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**James River Cobblestones Required Medical Information Release and Waiver of Liability and Indemnity Agreement**

Student Information: Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Term\_\_\_\_\_\_\_\_\_\_\_\_ Last First Middle Initial Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_Sex: \_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Information. In the case of injury or illness requiring medical attention while participating in any James River Cobblestones activity, your health insurance information is required. Do you have health insurance? Yes\_\_\_\_\_ No \_\_\_\_\_

Insurance Information Insurance Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of policyholder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician Information Name of Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Preferred hospital:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Optional: Date of last physical:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last Tetanus Booster:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health History Information It is extremely important, especially in case of an emergency that teachers know about any allergies, medications, physical limitations and/or special needs that your child may have. In the space provided please give any pertinent information about your child’s health. All information will be kept confidential. Pre-existing or present medical conditions (ie., Asthma, Diabetes, ADHD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name and dosage of any medications that must be taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is there anything else that would be helpful to know? ( ADHD, speech, hearing, processing, or a history of seizures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies to medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies to foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies - other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Information: (parent/primary guardian) Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phones:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Home)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Contact Person: (relative/family friend/secondary guardian - other than a parent) Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Release and Waiver of Liability and Indemnity Agreement

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the aforementioned minor participant acknowledge my consent to the following RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREE-MENT: IN CONSIDERATION for being permitted to enter the premises and participate in any events and/or engage in activities that involve risk or serious injury, including permanent disability or death, which might result not only from their own actions, inactions or negligence, but action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby do RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS, AND ASSUME FULL RESPONSIBILITY FOR, AND RISK OF, BODILY INJURY, DEATH, OR PROPERTY DAMAGE even if determined due to the negligence of the James River Home School Academy (under the umbrella of the James River Home School Foundation), their principals, members, other participants, operators, officials, sponsors, advertisers, owners and lessees of the premises used to conduct the activities and events and each of them, their officers, directors and volunteers, herein referred to as “releasees,” from all liability as a result of participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize.

I further agree, acknowledge, and certify that he/she: has adequate insurance to cover any injury or damage that may be caused at any event; has no medical or physical conditions which would interfere with his/her participation in any event., inclusive as permitted by the law of Virginia; and that registration to participate with the James River Home School Academy, indicates that the above TERMS and CONDITIONS have been read and voluntarily agreed to.

Furthermore, in the event of any injury or emergency, if I or my alternate emergency contact cannot be notified, I authorize the individual in charge to obtain emergency medical diagnosis and treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as deemed necessary by competent medical personnel. I hereby request and authorize any physician, dentist, and staff, duly licensed as Doctors of Medicine, or Doctors of Dentistry or other such licensed technicians or nurses, hospital, or healthcare providers to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment, and give emergency medical care and treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player. I understand that I am fully responsible for any and all charges incurred in the event of such treatment and waive all claims or future claims as specified above.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian’s Signature is required if participant is under the age of 18)

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**James River**

**Cobblestones**

Parent and Student Handbook

2019-2020

jrhsf.org

Email – cobblestonesjrhsf@gmail.com

WELCOME: Students, Parents and Teachers!

Welcome to James River Cobblestones. Our classes meet from September – May each year, except for some of the extracurricular classes, which will have dates listed. Parents must be in compliance with the homeschool laws for the State of Virginia (Section 22.1-254.1). Our classes are meant to compliment your homeschool experience-not replace it. Classes will meet once a week, and students are responsible for completing their work assignments at home, with parental help as needed. There are thirty-one weeks in our school calendar. Please purchase any textbooks, books, materials and/or supplies needed, before the first day of class.

We are privileged to be able to guide and teach our most precious gifts from God-our children, our blessings. Along with the privilege of participating in Cobblestones, comes the responsibility of helping out as needed so it will be a smooth experience for us all. We desire that as students learn, that they will also grow in their relationship with God and will seek Him. We believe the mandate given to parents in Deuteronomy 6:6-9, “...teach them diligently to your children, talk of them when you sit in your house, when you walk by the road, when you lie down, and when you rise up...”. We ask all teachers and/or assistants to sign a Christian (nondenominational) Statement of Faith when they apply to teach a class.

Please familiarize yourself with these guidelines in this Handbook, as well as on the website. We hope you find JRHSF’s Cobblestones to be a place where you can find support and encouragement, as well as support and fellowship with other home school families.

**Fees/Tuition:**

**Registration Fee**: $60.00 per student (this covers our facility costs) – payable $30.00 per semester. Fees are due by Orientation Night-**before** classes begin.

**Supply Fee**: Determined by each class teacher

**Class Fee/Tuition:** Determined by class teacher

**Registration fees** are made payable to **James River Home School Foundation** (or JRHSF). **Supply and tuition** fees are made payable to the **teacher**. All fees are due by registration deadline. **If** a teacher allows a payment to be paid once each semester (which will be on their class description), payments are due: 1) first payment by Orientation night, and 2) first day of class in January.

**Late Fee:** There will be a $10.00 late fee for payments not received on time. If more than two payments are missed, student may not be able to return to class until payments are brought up to date.

**Withdrawal/Refund Policy:** No refund on registration fees. If you choose to withdraw your child from a class, after Orientation Night, you will still be expected to pay any balance due of the years’ tuition. There will be no refund on registration, supply or tuition fees**.** Semester or short-term class tuition is due by the first day of class, and after those classes begin, there is no refund.

**Application/Registration**

Families are required to complete the Application/Registration Form, Class Request Form, and a Medical Release Form. We will review the application, and new families must also be scheduled for a parent/student interview. You will be notified upon acceptance. Classes are filled on a first-come basis. If a class minimum is not met, the class may be canceled (and registration fees would be refunded in case of class cancellation).

**Sessions**

 Our fall session begins in September. Full courses will run September – May (3-week Christmas break & 1-week spring break). We will also offer separate fall and spring extracurricular classes. Class duration will be as noted on Cobblestones schedule (high school classes may be 1 ½ hours or longer). Class dates will be listed on the calendar link of the James River Home School Foundation website please note holidays and/or teacher days.

**Our Host Church**

We are very grateful to Powhatan Christian Fellowship for hosting our Academy. They are graciously allowing us use of their facilities. Help us show our appreciation by abiding by these guidelines: 1. Be respectful of the property at all times, 2. Only enrolled students-exception: parents/siblings that choose to wait in a designated area (Fellowship Hall) are allowed in the buildings. Any children waiting with their parents must be quiet and monitored by an adult at all times (so they will not disturb classes), 3. Food and drinks are not allowed in sanctuary. Please eat only in the Fellowship Room, and please leave the area neat and clean. Dispose of trash (trashcans are located in each room), 4. Proper attire must be worn at all times (see dress code), 5. If you bring your children early, you must monitor them until their class begins-if they are on the playground/grounds before/after class, they must be monitored by you, and 6) **No running** in hallways or classrooms, please!

**General Information**

 **Attendance -** Attendance will be noted by each teacher at the beginning of each class. **Please make sure students arrive on time.**

 **Dress Code -** We believe that we must honor God in how we dress, therefore we expect all students to come to class dressed modestly. Please follow the guidelines listed below: 1. Shorts and Skirts – must not be any shorter than one hand length above the knee. 2. Shirts/Tops-No spaghetti straps, halter tops, muscle shirts, no tight fitting, see through or midriff shirts allowed. There should be no cleavage showing, even if bending or leaning over, and no under garments should be showing. 3. Pants- are to be worn in a modest manner. No underwear, bare tummy or bottoms should be visible. 4. T-shirts – no graphics or words that are vulgar, no anti-God or anti-Christian graphics or words, and no wording or graphics depicting alcohol, drugs or sex. 5. Jewelry-no jewelry may be worn that is anti-God, anti-Christian, or vulgar.

**Driving Students** **- Conduct** - 1. Any student who drives must have a legal Drivers’ License. Driving is a privilege, one to be taken seriously. Students must drive with extreme caution, especially in our parking lot. Please be courteous! 2. If they plan to leave between classes, you must submit notice to the Director, giving them permission. 3. No fellow student may ride with a fellow student driver, without written permission from the driver's parent and the fellow student's parent. These forms will be kept in the office and will be strictly adhered to. 4. Students are not allowed to hang out in the parking lot. 5. Please be considerate of other students and the church-no blaring car radios.

**Guests**- No unregistered children may attend academy classes. Only students (and their parents) are allowed in the host buildings.

**Lunch** - Lunch should be eaten in the Fellowship room ONLY! No food or drink allowed in the foyer, hallways, etc. Everyone is expected to clean up after themselves (throw away trash, wipe down tables, check the floor, and clean up any spills). If the weather is nice and you eat outside on the picnic tables, please make sure all trash is picked up, and the area is left neat. There is only one microwave in the kitchen, so please bring lunch items that do not need to be heated up. We do not have room in the refrigerator to leave food-please bring only what you need for that day. Please make sure all food and drinks are labeled.

**Parent Expectations**

So that we may function smoothly as an academy, we ask parents to: 1. Read all material given to them-printed and electronic. 2. Adhere to the policies and plans of action in place, so that our academy may function smoothly-between teachers, students and fellow members.

**Student Expectations**

James River Cobblestones expects students to: 1. Treat adults and fellow students with courtesy and respect. Students are expected to listen and obey their teachers, and not disrupt class.

2. Respect property of the church facilities-inside and out. 3. Students must come to class on time, be prepared to learn and participate, and complete any assigned work by the teachers. No cheating or plagiarism allowed. 4. Students must be dressed modestly (see Dress Code). 5. Please do not allow your children to bring toys, games systems, cell phones, etc. that would distract during class times. If your older child carries a cell phone, please ask them to keep in a purse or pocket on vibrate-no texting or phone calls during class times! 6. There shall be no hitting, wrestling, teasing, criticizing, name calling, bullying, etc. We expect children to be courteous and respectful. This is covered in detail in our “Discipline Policy”. 7. No public displays of affection on church property, including parking lot. 8. No alcohol, drugs or weapons of any kind are allowed on property, including the parking lot. 9. No cursing, vulgar actions or talk allowed. 10. Students aren’t permitted to hang out in foyer, hallways, or parking lot during class time. 11. If a disciplinary problem arises, guidelines from the Code of Discipline will be followed.

**Discipline Policy**

The Class Rules will be explained to students at the beginning of each semester. We ask parents to also help by going over these with your children. There is a three-step discipline policy that will be followed for most discipline problems. 1. A first offense will warrant a verbal warning from teacher or adult in charge. 2. A second offense means student is removed from class for that period, and the parent will be located. 3. A third offense – student and parent will meet with the Academic Director to determine if the student will remain in the Academy for the duration of the term. There will be no refund of fees or tuition. \*\*All offenses will be documented by the teacher in charge on an Incident Form. The form must be turned into the Academy Director before the end of the day. However, there are certain offenses that will result in **immediate dismissal**. These are: 1. Possession (or use of) alcohol, drugs or tobacco 2. Possession of a firearm or weapon on school property 3. Threats made against teachers, students or the facility 4. Any situation which would break the law and result in arrest

**Parking**

We realize that many of you have multiple children, but we ask that you do not drop your children off in the parking lot. Please park and escort your children to class (exception: Jr. High/High school students).

**Safety**

 It is our desire to keep your children as safe as possible. We will keep the doors locked during classes. This is for the safety of our children and teachers.

**Weather Policy**

In the event of inclement weather (snow, ice, hurricane), we will make a decision based on safety, and an announcement of cancellation will be put on our Cobblestones FB closed group before 7:30 A.M. Any cancellations will also be made on WTVR 6 and WRIC 8 and/or their **website**. Since we have teachers/students coming from several counties, we feel we should make a decision based on weather in the western/rural areas, and the condition of the church parking lot. ***If Powhatan County should close for inclement weather, we will also close***. However, since we have teachers/students coming from several counties, we feel we should make a decision based on weather in the western/rural areas, and the condition of the church parking lot. Thank you for your understanding in this matter. We desire to keep our teachers and students safe. If you have any questions, you may submit an email.

**Holidays**

James River Cobblestones will have a Christmas and Spring (Easter) break, as noted in our calendar. We will also observe Thanksgiving and will not have classes the Friday after Thanksgiving. We are a Christian organization, and our holiday focus will be Christ centered. We will not teach or observe Halloween. Thank you for your understanding in this.

**Parent/Student Complaints**

If a parent (or student) has a concern, or complaint, we ask that you please follow these guidelines: 1. If you have a concern, please contact the teacher by email or phone-before discussing with anyone else. Please do not try to discuss complaints or concerns with the teacher while classes are in session, and especially while you are angry. We would like complaints and/or concerns to be handled biblically-this is why we ask that you first contact the teacher directly-in a calm manner. 2. If you feel you cannot come to a resolution (after corresponding with teacher), you may then contact the Academic Director.

**Wellness Policy**

Please do not bring your child to class if he/she has any of the following symptoms: 1. Temperature higher than 99.6 degrees 10 2. Green or yellow discharge from nose 3. Pink Eye 4. Rash 5. Vomiting and/or diarrhea 6. A productive cough accompanied with fever/sore throat 7. Head Lice 8. Strep Throat or sore throat w/fever and/or swollen glands (child must be on antibiotics at least 48 hours before returning to class) 9. Any communicable illness/disease, such as skin infections, chicken pox, measles, etc. 10. Flu/Virus Children must be symptom free 24 hours before returning to class, except for Strep, which should be 48 hours. If you or your child arrives with any of these symptoms, we will ask for you to return home. If your child develops any of these symptoms while in class, you will be notified immediately and asked to come get them. We will try to keep them isolated, so as not to infect the other students. One sick child this week could result in 3-4 next week! This policy is for the protection of you, your child, teachers and the other children. Thank you for your cooperation!

**Class Request Form on Following Page!**

**The following are attached to this application: Medical Release Class Request Form Check for Registration Fees unless paying online via PayPal. The online Registration Fees Form needs to be filled out and submitted. Please mail completed forms and documentation to: James River Cobblestones, 2073 Lone Draw Drive Powhatan, VA 23139**

**James River Cobblestones**

Class Request Form 2019-2020

Please complete the following for class/course requests

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_

Class 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_

Class 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_

Class 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_

Class 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_

Class 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_