Dear Homeschool Families,

We are looking forward to the 2024-2025 school year at Walk by the Way Homeschool Co-op! Please read this entire document carefully, prayerfully consider, and completely fill out all forms in order to be considered for upcoming admittance into Walk by the Way Co-op. Please PRINT clearly so we can accurately copy information. Here is a list of the information that is included in the numbered pages that follow:

- 1. Cover letter
- 2. General Co-op Information
- 3. 2024-2025 Registration FORM
- 4. Statement of Faith & Vision/Purpose Statement FORM
- 5. Medical Release & Health Information FORM
- 6. Legal Waiver **FORM**
- 7. Photo Release **FORM**
- 8. Discipline Policy & Parent/Student Responsibilities
- 9. Agreement to Abide by Discipline Policy & Parent/Student Responsibilities FORM
- 10. Service Position Descriptions
- 11. Service Position Preferences **FORM**

TO COMPLETE YOUR REGISTRATION:

- 1. COMPLETELY FILL OUT, SIGN AND DATE ALL <u>FORMS</u>. PRINT CLEARLY with a pen.
- 2. INCLUDE CHECK payable to Walk by the Way in the amount of \$75 (non-refundable annual family registration fee).
- 3. MAIL to Walk by the Way Homeschool Co-op, PO Box 87975, Sioux Falls, SD 57109. Must be postmarked by August 1, 2024.

If you have any questions about the registration material or our plans for Walk by the Way, please email us at walkbythewaycoop@gmail.com. We wait in anticipation for what God has planned for us and who He has called to fulfill those plans in our co-op this year.

In His Service, Walk by the Way Board of Directors

Alicia Van Der Bill Michelle Carnes Heidi Terveen Heather Youtzy Amanda Bettinger Hailey Klarenbeek Karen Ellis

Walk by the Way Homeschool Co-op 2024-2025 General Information

Co-op Theme Verse:

You shall love the LORD your God with all your heart and with all your soul and with all your might. And these words that I command you today shall be on your heart. You shall teach them diligently to your children, and shall talk of them when you sit in your house, and when you walk by the way, and when you lie down, and when you rise. Deuteronomy 6:5-7

Facility:

Hillcrest Church, 4301 E. 26th St., Sioux Falls, SD 57103

Meeting Dates:

Required Parent Orientation Meeting: August 20, 2024 at 7pm at Hillcrest Church

Co-op meets two Thursdays per month from September through April (generally the 1st & 3rd Thursdays):

First Semester (2024): 9/5, 9/19, 10/3, 10/24**, 11/7, 11/21, 12/5, 12/19 Second Semester (2025): 1/9*, 1/23*, 2/6, 2/20, 3/6, 3/20, 4/3, 4/17

**Exception of date due to church being unavailable *exception of dates due to the New Year holiday

Schedule for Co-op Meeting Dates:

8:45 am Expected arrival time

9:00 – 9:10 Opening announcements and prayer

9:15 – 10:00 Session 1 ("1st Hour")

10:00 – 10:15 Snack (each family is responsible for bringing their own snacks)

10:20 – 11:05 Session 2 ("2nd Hour")

11:10 – 11:55 Session 3 ("3rd Hour")

Fees:

*Annual Registration Fee (non-refundable) per Family: \$75

**Classroom fees: Preschool - 12th Grade: \$30/per child

Toddler Class: \$10/per child Nursery:No fee/per child

*The \$75 family registration fee is due with the registration forms and must be postmarked by August 1, 2024. Checks should be made payable to *Walk by the Way*. Registration fees are non-refundable, *except* in the event that Walk by the Way cannot accommodate membership for the registering family. All membership decisions will be made at the discretion of the Walk by the Way Board of Directors. Class sizes are limited.

**Middle School/High School classroom fees may vary. Classroom fees will be due on the first day of co-op classes, which is September 5, 2024. Classroom fees may also be non-refundable.

Walk by the Way Board of Directors (current as 5/1/24):

President: Alicia Van Der Bill Vice President: Michelle Carnes

Treasurer: Heidi Terveen Secretary: Heather Youtzy

Scheduling Coordinator: Amanda Bettinger

Elementary Education Coordinator: Hailey Klarenbeek

Jr./Sr. High Education Coordinator: Karen Ellis

Admin Use Only:
Date Received
Check #
Amount Pd

Walk by the Way Homeschool Co-op <u>2024-2025 Registration FORM</u>

Last Name:		Parents' First Names:	
FULL Mailing Add	ress:		
Mother's Cell Num	ber:	Father's Cell N	Number:
Email Address (prin	nary form of communication	n):	
Please Note: Any p	parent that will be <u>present</u> on	a Co-op meeting days must g	ive authorization for a thorough
background check t	o be completed. This will be	done prior to admittance in	to the Co-op and is required for
the safety of all chil	dren.		
separate Toddler ("and age 3 by Sept. childhood classes	T") classroom is also provided at the control of th	ded. Children in Preschool (ergarten ("PK") class must le with older siblings regis	("N") is provided for infants. A ("P") class must be potty trained be age 4 by Sept. 1st. All early stering in grades K or above. be pre-approved by the board.
Child:	Birthdate:	Age Sept 1, 2024:	Grade Fall '24: M/F
Child:	Birthdate:	Age Sept 1, 2024:	Grade Fall '24: M/F
Child:	Birthdate:	Age Sept 1, 2024:	Grade Fall '24: M/F
Child:	Birthdate:	Age Sept 1, 2024:	Grade Fall '24: M/F
Child:	Birthdate:	Age Sept 1, 2024:	Grade Fall '24: M/F
Child:	Birthdate:	Age Sept 1, 2024:	Grade Fall '24: M/F
Child:	Birthdate:	Age Sept 1, 2024:	Grade Fall '24: M/F
Child:	Birthdate:	Age Sept 1, 2024:	Grade Fall '24: M/F
Previous co-op enrolli	ment(s) & Reason for leaving:		
	he Way. Checks should be n	must be enclosed with comp nade payable to Walk by the	pleted registration forms and Way. Registration must be
Parent/Guardian's S	Signature		Date

Walk by the Way Homeschool Co-op Statement of Faith & Purpose/Vision FORM

Statement of Faith

- 1. We believe the Bible to be the infallible Word of God.
- 2. We believe that there is one God, eternally existent in three persons: Father, Son, and Holy Spirit.
- 3. We believe in the deity of our Lord Jesus Christ, His virgin Birth, His sinless life, His miracles, His vicarious and atoning death through His shed blood, His bodily resurrection, His ascension and His imminent bodily return in power and glory.
- 4. We believe that man was created in the image of God but fell into sin and is therefore lost, and only those who put their faith in Jesus Christ alone can be saved.
- 5. We believe that salvation is the gift of God brought to man by grace and received by personal faith in the Lord Jesus Christ, whose substitutionary death on the cross paid the penalty for man's sin.
- 6. We believe that the ministry of the Holy Spirit is to convict man, indwell, guide, instruct and empower the believer for godly living and service.
- 7. We believe in the spiritual unity of believers through our common faith in Jesus Christ and that individual doctrinal differences which may exist should not hinder the unity of Christian home educators.

Purpose and Vision Statement

- 1. We provide faith-filled educational and recreational classes to positively influence our children's social, intellectual, and spiritual growth.
- 2. We desire to promote Christian values, character development, and outreach.
- 3. We strive to cultivate supporting and encouraging relationships with our members through offering organized opportunities for fellowship and collaboration.

I have read and agree to allow my child(ren) to be instructed according to the principles stated in the above Statement of Faith. I also agree to instruct according to the principles of the Statement of Faith.

Family's Home Church:		
Parent/Guardian Signature:	Date:	

Walk by the Way Homeschool Co-op <u>Medical Release Form & Health Information FORM</u>

The undersigned, being the parer	nt(s) or legal guardians of the following ch	
		minor, born on,
		minor, born on,
		minor, born on,
	(first and last name), a	minor, born on,
		minor, born on,
	(first and last name), a	minor, born on,
	(first and last name), a	minor, born on,
Homeschool Co-op to obtain em timely communicate the need to	ergency medical treatment for the named of the undersigned parent/guardian.	children if necessary and if not able to
This SPECIFIC AUTHORIZAL	ION is valid from: September 2024 to Ap	oril 2025
Sionature:		
Parent/Guardian's Signa	ature	Date
Address:		
D: DI N. I		
Primary Phone Number:		
Please print the following Heal	th information (and attach any addition	nal pages if necessary):
•	Contract/ID#	· ,
Treatur msurance.	Contract 1D#	Οιουρπ
Please list any medications and/o	or allergies that your child(ren) may need o	or have:
Please describe any medical info	rmation or special learning considerations	that would be helpful in the care and
instruction of your child(ren):		-
instruction of your child(ren)		
Dargan to contact in account made	ical or non madical amarganay when norge	ats are not available:
	ical or non-medical emergency when parer	nis are not available.
Name:	Phone:	

Walk by the Way Homeschool Co-op <u>Legal Waiver FORM</u>

First and last names of all participants:	
I acknowledge and fully understand that each participant will be engaged in activities that	at involve risk of
injury which might result not only from their own actions, inactions or negligence, but the	ne actions,
inactions or negligence of others, the rules of conduct, or conditions of the premises or a	ny of the
equipment used. Further, that there may be risks not known to us or foreseeable at the tir	me.
I assume all foregoing risk and accept personal responsibility for the damages following	such injury.
I, intending to be legally bound, do hereby release, waive, discharge and consent not Way Homeschool Co-op's administrators, board, teachers, tutors or volunteers of the participants and Hillcrest Church, all which are herein after referred to as "releases liability to each the undersigned, his or hers and next of kin for any claims, demands, lo account of injury including death or damage to property, caused or alleged to cause negligence to the release of otherwise in connection with association or entry and/or ari in activities led by Walk by the Way Homeschool Co-op.	organization, other "from any and all sses or damages, on in whole or part by
I hereby release all members of Walk by the Way Homeschool Co-op of any and all lia medical treatment. I understand if medical attention is necessary and I am not present Homeschool Co-op has my permission to call an ambulance to transport any family nabove to the nearest medical facility for emergency medical treatment. I am responsi incurred.	t, Walk by the Way nember I have listed
THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, AND UTHAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNUL VOLUNTARILY.	
I have read this release and agree to the conditions stated above.	
D	D. (
Parent/Guardian's Signature	Date

Walk by the Way Homeschool Co-op <u>Photo Release FORM</u>

First and last names of all participants:	
The undersigned, being the parent(s) or legal guardians of the child(ren) listed	d above authorize the
administrators, board, teachers, tutors, and/or volunteers of Walk by the Way	Homeschool Co-op to
photograph the child(ren) listed. Photographs would be used on the co-op web	bsite and for the purpose of
creating a yearbook. All photographs on the website would be in a password p	protected section only
viewable by co-op participants.	
This SPECIFIC AUTHORIZATION is valid from: September 2024 to April	2025
Signature:	
Parent/Guardian's Signature	Date

Walk by the Way Homeschool Co-op Discipline Policy & Parent/Student Responsibilities

DISCIPLINE POLICY

We require our young people to exhibit appropriate respectful behavior while interacting with peers and instructors. Our discipline policy revolves around the principle of not allowing one disruptive student to limit the education of other students.

- 1. Students receive one verbal warning during class (younger students will be given two verbal warnings).
- 2. Second verbal warning (or third for younger students) results in dismissal for the remainder of that class.
- 3. Walk by the Way's President will notify parents of dismissals.
- 4. If a child consistently misbehaves the parent will be notified of the behavior in order that corrections may be made.

PARENT RESPONSIBILITIES/EXPECTATIONS

- 1. Bringing the child(ren) to class on time. (Check in is at 8:45am) Be aware that late arrivals disrupt the learning environment.
- 2. Assisting child as needed with assigned homework.
- 3. Providing classroom materials such as books requested by the individual instructors.
- 4. Serving in needed volunteer positions. One parent MUST be present for their child(ren) to attend co-op.
- 5. Demonstrating a kind and respectful attitude toward leadership and all other members of the co-op.
- 6. Providing a snack for each of your children for the 1st hour snack break.
- 7. Notifying the scheduling coordinator in the event of your absence and working to find substitutes for your teaching positions.
 - a. There will be NO unexcused absences allowed. (i.e., not showing up with failure to call, invalid reason for absence, etc.) Unexcused absences may lead to disciplinary action.

STUDENT RESPONSIBILITIES/EXPECTATIONS

- 1. Completing all homework assigned by the instructor.
- 2. Respecting all instructors.
- 3. Behaving in a responsible manner.
- 4. Refraining from disturbing other classmates.
- 5. Helping with set-up and clean-up as needed.*
- 6. Dressing modestly.
- 7. Addressing each other in proper manner, and properly addressing parents and instructors as Mr., Mrs., Miss
- 8. Using good manners (no unseemly noises, no teasing, etc.).
- 9. Raising hand in order to speak.
- 10. Respecting and obeying those in authority.
- *Note: We ask that all children 6th grade and older help with facility clean-up at the end of co-op meeting days.

CLASSROOM RULES

- 1. I will be a good listener.
- 2. I will keep my hands and feet to myself.
- 3. I will raise my hand to talk.
- 4. I will use kind words.

Walk by the Way Homeschool Co-op Agreement to Abide by Discipline Policy & Parent/Student Responsibilities FORM

Parents: Please discuss the Student Responsibilities/Expectations and Classroom Rules with each of your children, and ensure that each child that is capable of signing their name has done so below. Please only sign for your child **if** they are not capable of doing so.

I understand and agree to abide by the Walk by the Student Responsibilities/Expectations, and Classro		
Signature of student	Signature of student	
Signature of student	Signature of student	
Signature of student	Signature of student	
Signature of student	Signature of student	
Signature of student	Signature of student	
I understand and agree to abide by the Walk by the	Way Discipline Policy and Parent	
Responsibilities/Expectations.	way Discipline Folicy and Fatcht	
Signature of parent/guardian		Date

Failure to follow co-op policies and/or parent and student responsibilities or expectations may result in dismissal from co-op.

Walk by the Way Homeschool Co-op Service Position Descriptions

Please Note: Any parent that will be <u>present</u> on Co-op meeting days must give authorization for a thorough background check to be completed. This will be done prior to admittance into the Co-op and is required for the safety of all children.

A cooperative is an organization that is formed to jointly manage the use of its facilities and services. Serving as a part of Walk by the Way Homeschool Co-op is mandatory. Our co-op cannot be run by a few people; we need everyone's involvement. **Generally, each involved parent can expect to be a Lead Teacher for one class and an Assistant Teacher for one class each semester.** However, there may be times when exceptions to this general rule will be made.

Below are descriptions for teaching service positions:

Lead Teacher: Teaches age appropriate material during a 45 minute class period. In general, lessons plans will be provided for each class. If proposing a new class, you may need to submit a thorough lesson plan and supplies list. If absent on a co-op day, you must contact your assistant to be the lead teacher of the class, as well as find a substitute assistant. Must also contact the Scheduling Coordinator to report planned absences and notify her of who will be substituting. Responsible for returning the classroom to a neat and orderly condition at the end of each class. Responsible to the President.

Assistant Teacher: Assists teacher with class activities and substitutes as lead teacher when needed. Maintains order and enforces discipline policy. Responsible for walking each class to their next destination. Responsible for returning the classroom to a neat and orderly condition at the end of each class. Responsible to the lead teacher.

Service Position Class Options*:

*Please choose preferences on next page. Class options are always subject to change.

Facility Coordinator (Manages post-meeting Math IQ Builders

cleanup) 3rd Grade: Art

Nursery Coordinator/WorkerComposersToddler Room Teacher/WorkerBible Olympics

Preschool: Art Brick City ("Lego") Geography

Bible Gym Music 4th grade: Art

Wiggle Time Gym
Pre-Kindergarten: Art Recorders

Bible "Zoob" Creative Building

Wiggle Time Snap Circuits

Story Studies 5th grade: Graphic Novels

Kindergarten:Art Gym Bible Art

Gym Destination Europe
Music Advanced IQ Builders

Nutrition Middle/High School: Classes are determined each

1st Grade: Art year; here is a list of past and/or current

Gym classes offered:
Music Personal Finance

MusicPersonal FinanceBoomwhackers"Plus Plus" Children's LiteratureDramaConstitutionSTEM experimentsBakingCarpentry

2nd Grade: Art Mr. Learnie Legos Book Club Sewing

Gym Life Science First Aid

Walk by the Way Homeschool Co-op Service Position Preferences FORM

Name:		Phone:	
Please mark each space w place you in classes you a		le not guaranteed, we will do our best to	
2 = I am willing to te	teach this grade level/subject. each this grade level/subject. ot teach this grade level/subjec	t.	
Nursery (0-walking)	Pre-K (4-5)	3rd	
Toddler	Kindergarten	4th	
(walking-3)	1st	5th	
Preschool (3-4)	2nd	6th-7th	
		8th-12th	
Bible	Board Games		
Art	Geography	Nutrition/Cooking	
Music	STEM (Science, Technology,	Facility Coordinator	
Physical	Engineering, Math		
Education	Literature	Other	
(Optional) Other considera	tions for scheduler to keep in n	nind:	
(Optional) Your idea for a r	new class that you would like to	design and teach:	
We look forward to a fun a	nd successful year working toget	her!	
Mail completed form to: Walk by the Way Homeschool PO Box 87975	ol Co-op		

Sioux Falls, SD 57109

Revised 1-1-24