



Enrollment Application

A Christ-presence-centered homeschool cooperative • 2025–2026

"It is the glory of God to conceal a matter, but the glory of kings is to search out a matter." — Proverbs 25:2

Welcome! We are grateful you are considering joining the Lions Light Academy family. Please complete this application in full. A member of our leadership will follow up to schedule a brief welcome conversation. Every family participates in our co-op by teaching, co-teaching, volunteering, or supporting in another way — so we look forward to learning about the gifts your family will share.

1. FAMILY / HOUSEHOLD INFORMATION

Parent / Guardian 1 — Full Name

Relationship to Student(s)

Parent / Guardian 2 — Full Name

Relationship to Student(s)

Home Address (Street, City, State, ZIP)

Primary Phone

Secondary Phone

Email

Home Church / Faith Community (optional)

How did you hear about LLA?

2. STUDENT INFORMATION

List each student applying for enrollment.

Student Full Name	Date of Birth	Age	Grade / Level	Special Needs / Notes

3. HEALTH, ALLERGIES & MEDICAL INFORMATION

Allergies (food, environmental, medication) — specify student & severity

Medical conditions or diagnoses we should be aware of

Current medications (and whether administered during co-op)

Does any student carry an EpiPen / inhaler / other device? Yes No

If yes, please describe

Physician / Pediatrician Name

Physician Phone

4. EMERGENCY CONTACTS

Persons (other than the parents/guardians above) authorized to be contacted and to pick up your student(s).

Primary Emergency Contact — Name

Relationship

Phone

Secondary Emergency Contact — Name

Relationship

Phone

5. FAMILY PARTICIPATION & CONTRIBUTION

Lions Light Academy is a true cooperative: each family commits to teaching, co-teaching, volunteering, or otherwise serving one day each week. Please tell us how your family hopes to contribute. (Select all that interest you.)

Lead Teacher

Co-Teacher / Assistant

Classroom Volunteer

Fundraising

Administrative Support

Mentoring

Event / Field-Trip Help

Facilities & Setup

Other (describe below)

Subjects, skills, or activities you could teach or share (e.g., science, art, music, nature studies)

Professional background, trades, hobbies, or talents that could bless the co-op

Availability (days/times) & any scheduling notes

6. STATEMENT OF FAITH & VISION AGREEMENT

Lions Light Academy is a Christ-presence-centered community where education is approached as joyful worship. While families come from many backgrounds, we ask that all members respect and support our Christ-centered mission, our core values — Christ-Centered, Curiosity, Community, Creativity, and Stewardship — and our restorative, grace-filled culture.

We have read the LLA Vision and agree to support and uphold the Christ-centered mission and values of Lions Light Academy in our family's participation.

7. CODE OF CONDUCT ACKNOWLEDGMENT

Our community follows a restorative Code of Conduct built on honor and respect, punctuality, responsibility, safety, and integrity, with a restorative-first discipline framework (and a progressive three-strike policy for repeated, unresolved issues).

We have read, discussed as a family, and agree to uphold the Lions Light Academy Code of Conduct, and to partner with leaders in restorative practices when needed.

8. PHOTO & MEDIA RELEASE

I GRANT permission for Lions Light Academy to photograph/record my student(s) during co-op activities and to use such images for academy communications and promotion.

I DO NOT grant photo/media permission for my student(s).

9. LIABILITY WAIVER & MEDICAL CONSENT

In consideration of participation in Lions Light Academy, I acknowledge that co-op activities (including field trips and hands-on/outdoor learning) carry inherent risks. To the extent permitted by law, I release Lions Light Academy, its leaders, teachers, and volunteers from liability for ordinary negligence. In the event of a medical emergency and when I cannot be reached, I authorize LLA leaders to secure emergency medical care for my student(s), including calling 911 and transport to a medical facility.

I have read and agree to the Liability Waiver and Medical Consent above.

10. FINANCIAL AGREEMENT

Fees support facilities, materials, and shared resources. Specific amounts and a payment schedule will be confirmed with leadership upon acceptance.

Fee Amount Agreed (per family / per student)

Payment Schedule (e.g., annual, monthly)

Preferred Payment Method

We understand and agree to the financial commitment associated with enrollment at Lions Light Academy.

SIGNATURES

By signing below, we affirm that the information provided is accurate and that we agree to the vision, code of conduct, releases, and agreements contained in this application.

Parent / Guardian 1 — Signature

Date

Parent / Guardian 2 — Signature

Date

FOR OFFICE USE ONLY

Date received: _____ Reviewed by: _____ Welcome conversation: _____

Status: Accepted Waitlist Follow-up