



Dear families,

In this changing climate more and more parents are interested in homeschooling for the flexibility and freedom it brings. The *mission* of Jackson Central Homeschool Program is to partner with the homeschool family by providing academic and educational support that promotes a lifelong love of learning for our students (K-6th grade).

JCHP is located in central Jackson and meets at the Beth Israel Synagogue on Monday & Wednesday (8:30am-12:30pm). If you're interested in moving forward with registration, please complete the following forms and send the packet to jacksoncentralha@outlook.com. Applications are considered complete once all the paperwork is signed and the registration fee is submitted.

We are looking forward to partnering with you and your family on your homeschool journey!

Sincerely,
The JCHP Team



Application Packet

JCHP meets on Monday & Wednesday from 8:30am-12:30pm
at the following location:

Beth Israel, 5315 Old Canton Rd, Jackson, MS 39211

REGISTRATION FEE

Per Student: Registration Fee is \$50.

***NOTE:** ALL Registration fees are non-refundable.

When you return your registration packet, please include the following completed items:

1. Student Information
2. Waiver of release and liability
3. Signed policies and procedures statement
4. Check made out to Jackson Central Homeschool Program for the registration fee.

EMAIL the completed packet to: JacksonCentralHP@outlook.com

***NOTE:** Your application will be processed after all completed paperwork and registration fee has been received.

For any questions about the program, please email us at
JacksonCentralHP@outlook.com

Calculation of Payment Form

Please fill out one form per child.

Child's Name _____ Grade _____

Check your choice of payment plan: Tuition Investment is \$3,000 for the year.

- ☐ Full Payment on or before the first day of the semester.
- ☐ 8 Monthly Payments (August-March \$375) by ACH, cash or post-dated check.
- ☐ 12 Monthly Payments (May-April \$250) by ACH.

Other Personal Expenses:

- Uniforms to be purchased by parents
- Textbook to be purchased by parents

Jackson Central Homeschool Program
ACH Authorization Form
(Automatic Checking Account Withdrawal)

Name on Account: _____

Address: _____

(Attach Voided Check)

ABA Routing Number: _____

Bank Name: _____

Bank Account Type (Circle One): Checking Savings

Email Address: _____

Phone Number: _____

Total Due: _____

I agree to pay my dues by ACH withdrawal in the amount shown below:

_____ # of Monthly Withdrawals

\$ _____ Total Amount

Signature: _____



JCHP Student Information

(Fill out 1 per student)

Student Name _____

Date of Birth _____ Age _____

Grade for 2024-2025 _____

Parent/Guardian's Names

Home Address _____

Main Phone Number _____

Mother's Cell _____

Father's Cell _____

Siblings Name/Grade _____

Email: _____

Years homeschooling: _____

Prior school/co-op/homeschool program: _____

Has your child ever been expelled from another program? If yes, please explain.

Does your child have any medical issues we need to be aware of?

Please explain _____

Does your child need to take or keep any emergency or other medication at school? If so, please specify:

Emergency Contact _____ Cell # _____

Emergency Contact _____ Cell # _____

Medical Information:

Physician: _____

Address: _____

Dentist: _____

Address: _____

Insurance Information:

Company: _____

Policy #: _____ Group #: _____

Preferred Hospital: _____

The responding medical unit will make final determination as to the appropriate facility for the injury.

Person who will care for your child in case parent cannot be reached:

Name: _____

Relationship to child: _____

Phone Number: _____

I hereby give my consent for this child to receive emergency and minor care or illness care by JCHP staff if needed. In the case of an accident or illness in which outside treatment is not needed but my child is unable to remain in class, I request that JCHP contact me. If both parents are unable to be reached, I request that an alternative contact be contacted. In the event of a life threatening accident or illness, I understand that a teacher or Jackson Central Homeschool Program may contact the 911 emergency medical system immediately. I agree to be financially responsible for this child's care and treatment.

Parent/Guardian _____

Date _____

Jackson Central Homeschool Program Youth Waiver & Release of Liability

Participating in the Jackson Central Homeschool Program, related events and activities, the undersigned agree that the parent(s) and or legal guardian(s) of the participant acknowledge and fully understand that each participant will be engaging in activities that involve risk. There may be other risks not known to us or not reasonably foreseeable at this time. Assume all the foregoing risks and accept personal responsibility for the damages following such injury. Release, waive, discharge and covenant not to sue Jackson Central Homeschool Program or the Beth Israel Congregation, their respective administrators, directors, agents, and other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors and premises, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned or heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise. Students are released from our responsibility when they leave the building, NOT the parking lot. Parents accept full responsibility for any property damage or destruction caused by the participant.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Name of student(s) (print)_____

Name of parent/guardian (print)_____

Parent/guardian relationship_____

Signature of parent/guardian_____

Telephone number of parent/guardian_____

Jackson Central Homeschool Program Policies and Procedures

****INITIAL BY EACH NUMBER ACKNOWLEDGING THAT YOU HAVE READ AND AGREE WITH THE TERMS.**

1. ____ Registration fee is non-refundable.
2. ____ If your child registers and withdraws after classes meet 2 times, NO refunds will be considered unless there is an unusual circumstance. At that time, any refund considered would be at the discretion of the administration and is NOT guaranteed. Please note that any withdrawal/dismissal based on student conduct or the inability to follow rules forfeits the ability to be considered for a refund.
3. ____ If paying by check, all post-dated checks must be given to JCHP before the first day of class.
4. ____ The registration fee must be submitted with your application.
5. ____ Comply with JCHP dress code:
Navy collar shirt, navy jacket or hoodie, Khaki pants/shorts and closed toed shoes for boys. No caps.
Navy Blue collar shirt, navy jacket or hoodie, Khaki skirt/pants/shorts and closed toed shoes for girls. *Girls must wear skort or modesty shorts or leggings (Navy, beige, or white) under their skirts.
Plain Navy outerwear can be worn in the building (hoodie, sweater, sweatshirts).
All heavy jackets must be removed once inside the building.
6. ____ Each student is expected to turn in all work and participate in class. It is the student's responsibility to meet with the teacher about any missed work or missed tests. The parents and student should make every effort to accommodate the classwork acceptance guidelines of the program for any make up work.
7. ____ Any student who is behind in excess of 1 month on academic coursework may not be allowed to return to class per the program guidelines.
8. ____ Drop off begins at 8:15am. Pick up is promptly at 12:30pm.
9. ____ Students are allowed to bring water bottles and a snack.
10. ____ In the event of bad weather, we will promptly notify parents via email if class is canceled.
11. ____ Cell phones will be permitted on the grounds but are not to be used in class unless it is part of a classroom exercise. If a student has an emergency, they may use their phone at that time. Any student getting on social media, youtube or photographing a teacher or other student will have their phone taken and must be picked up by a parent.
12. ____ All students are expected to conduct themselves appropriately while on the grounds of the program. Bullying, PDA, disrespectful behavior to any student, teacher,

or staff will not be tolerated. Any student engaging in these activities may be asked to leave the program at any time at the discretion of the administration.

13. _____ If your child has the following symptoms: Fever above 100, vomiting, diarrhea, hacking cough, chills, body aches, a rash with open sores, head lice, or pink eye, DO NOT send them to school.

14. _____ I understand that my child(ren)'s acceptance to the program is not guaranteed. Each prospective student's application will be reviewed, and prior involvement in other programs may be reviewed by the advisors.

****NOTE:** JCHP does NOT keep records. Parents are responsible for keeping their child's records at the appropriate grade level.

Notice of non-discriminatory policy to enrolled children. JCHP serves equally to all people regardless of race, color or nationality to apply for admission, and any/all programs and does not discriminate on the basis of race, color or nationality in the administration of any program.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND I AGREE TO ALL OF THE ABOVE POLICIES AND PROCEDURES.

(Make sure you have initialed by each rule above)

Name of student_____

Signature of parent/guardian_____