

Welcome to Enriching Christian Homeschool Organization of Tri-Cities (ECHO)!

Thank you for considering us to enrich your homeschooling experience. Please read through this packet, fill out all forms and return them with your Family Registration Fee. Please know that registration is taken in the order it is received. We will begin registration when each of the following is turned in. Partial registration will be held until everything is received.

We are looking forward to another great year at ECHO. Address will be provided in enrollment email.

Parent Night will be on Tuesday, September 19th at 7 p.m. This is a required meeting for all of our families. Teachers will be there to meet. New families will have pictures taken for their aiding badges and important information about the upcoming year will be shared. To keep distractions to a minimum, we request that younger and active children not attend. Nursing babies and quiet older children (teens) are welcome. Location will be sent in enrollment email.

Classes begin Friday, October 6th, 2023, and end on Friday, March 29th, 2024. School pictures are scheduled to be taken on the second week of classes, October 13th, 2023. Ordering info will be handed out on the first day of classes.

Aides are to arrive at the Board Desk by 9 a.m. each Friday. We begin each day in the Sanctuary at 9:20 a.m. with prayer and announcements. It is essential that ALL families and students attend morning announcements. We will host an occasional assembly from 9:00-9:20 a.m., followed by prayer and announcements. Students will be dismissed to their classes from there. ECHO class hours are from 9:20 a.m. to 12:55 p.m. From 12:00 p.m. to 12:30 p.m., room 408 is open for all families that would like to bring a sack lunch and visit with other families. **NO PEANUT or TREE NUT PRODUCTS ARE ALLOWED IN CHURCH BUILDING.**

Parental Involvement/Teachers' Aides

ECHO is a cooperative ministry. Your assistance in aiding is critical in our joint effort for ECHO to be a ministry devoted to blessing children and adults alike. This year, aiding may look different from past years. Aiding responsibilities are dependent on enrollment numbers. At this point, please expect to be onsite to assist every week due to smaller capacity. Aiding hours are from 9:00 a.m. to 12:55 p.m. Aiding duties may include but are not limited to the following: helping in the classroom, setting up/cleaning up, cleaning up after lunch, yearbook, nursery, and potentially substituting for a teacher.

For ECHO to operate efficiently, parents are expected to follow through with aiding responsibilities, once assigned. If enrollment numbers allow and we are able to schedule less aiding days, you will be expected to make a significant effort to find a replacement aide and communicate this change to the entire Board via e-mail at admin@echohomeschool.org in a timely manner. Please understand that the Board is composed of volunteers who work on many aspects of ECHO and often does not have the extra time to find a substitute aide. A significant effort includes directly calling each of the aiding families on the phone list provided at Parent Night.

If you are more than 5 minutes late, there will be a \$10 fee imposed. If there is not a good faith effort, in a timely manner, made to find a replacement aide, a fee of \$40 will be assigned for no shows. Please contact the board if you have followed these instructions, but still cannot find a replacement.

A background check will be done on ALL parents or family members who will be aiding in ECHO. Currently there is no cost for Washington Residents. Oregon Residents will be required to pay a \$33 non-refundable fee per applicant. ECHO reserves the right to refuse permission to applicants to aide in ECHO if the background check reveals a criminal history relating to the issues stated on the Criminal History Check Form.

See our website for more information on our Family Requirements and Standards.

Agreement with ECHO Policies and Statement of Faith

It is important to have a good working relationship between ECHO and our families. For this reason, the parent and the student MUST agree with the ECHO Statement of Faith and abide by all ECHO policies. Attending ECHO is a privilege, not a right, and both student and parent cooperation is expected.

Statement of Faith

We believe the Bible is the complete, inspired, infallible, Word of God, the final and supreme authority for faith and life. (2 Tim. 3:16, 2 Peter 1:19-21)

We believe in the Trinity; that there is one God, Who is eternally existent in three Persons: God the Father, God the Son, and God the Holy Spirit. (Gen. 1:1, Isaiah 43:10-11, John 5:24, 1 John 5:7)

We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His vicarious and atoning death through His shed blood, in His literal bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (John 1:1, Matt. 1:23, Hebrews 4:15, 1 Cor. 15:3-4, Acts 1:11)

We believe that man may receive salvation from the guilt and penalty of sin solely by trusting Jesus Christ as his personal Savior. Salvation is a free gift, wholly granted by Divine grace alone. Any and all of man's works are ineffectual for salvation. (John 3:3-7, John 3:16-19, Romans 10:9, Titus 3:4-7, Ephesians 2:8-9)

We believe in the continuing ministry of the Holy Spirit to convict and convince men of sin. He bears witness of the truth, and is the agent of the new birth. The Holy Spirit indwells the believer - guides, instructs, and empowers the Christian to live a Godly life. (John 14:16-18, 1 Cor. 6:19-20, John 16:8-13)

We believe in the resurrection of both the saved and the lost: they who are saved unto eternal life, and they who are lost unto eternal punishment. (John 3:36)

We believe that the term "marriage" has only one meaning and that is marriage sanctioned by God. We believe that God ordained marriage and the family as the foundational institution of human society, and that the only legitimate marriage is a sacred and permanent covenant relationship between one man and one woman, symbolizing the union of Christ and his Church. (Genesis 2:18-25, Matthew 19:4-6)

Fees and the Registration Process

- There is a non-refundable family registration fee of \$100 due at the time of registration.
- Tuition for the 2023-2024 school year is \$175 per student.
- Material fees associated with each class are located on the class schedule and are collected as a separate payment.

The payment schedule is broken up into 5 installments:

1. With your Registration packet - The Non-Refundable Family Registration Fee of \$100 is due.
2. September 19th - All material fees are due.
3. October 6th - 1st 1/3 total tuition is due.
4. November 3rd - 2nd 1/3 total tuition is due.
5. December 1st - 3rd and final 1/3 total tuition is due.

Please Note: A \$10 late fee will be added for EACH WEEK that a payment is late.

Refunds are based on the date and reason for dropping and are at the discretion of the ECHO Board.

This year we are only accepting **cash and checks** for payments.

ECHO was created to provide activities for homeschoolers with limited opportunities. Therefore, priority in class placement will be given to returning families whose children are NOT participating in an ALE public school program (this includes CVA, MCP, Three Rivers Home-Link, K-12, etc.) followed by new families not participating in an ALE. We will then place returning and new families who are participating in an ALE.

Each Student registers for three class periods. We offer multiple class choices for 6-8-year olds, 9-12-year olds, and 13 years and up. Our preschool/kindergarten kids, 3-5 years, remain in the same class together for all three periods and do not change classes. The ECHO Board has the responsibility and reserves the right to determine the registration process for the good of ECHO.

Class sizes are limited. After we have received your completed registration, processed, and approved your application, you will receive an e-mail confirming the classes in which your child has been enrolled. If a first-choice class you signed up for is full, we will automatically put your child in their second or third choice during the same period.

Please mail all forms in the registration packet along with your \$100 Family Registration Fee to:

ECHO
1360 N Louisiana St #A-110
Kennewick, WA 99336

Remember to put in the envelope:

FORMS: Application Teacher's Aide Form Agreements/Tuition Medical Info (one per child)
 Class Requests Youth Waiver Photography Release Code of Conduct/Criminal History Disclosure
 Background Check (one per aiding parent) Health and Wellness
PAYMENTS: \$100 Non-Refundable Family Registration Fee Oregon Residents \$33 fee-

ECHO 2023-24 Family Registration Application

Information on these forms will be kept confidential.

Parents' Names _____ Phone _____

Address _____ City, State, Zip _____

E-mail (will not be printed on ECHO phone list) _____

Number of years homeschooling? _____ Reasons for homeschooling? _____

Church Attending _____ How Long? _____

- Our family IS NOT participating or planning to participate in any ALE (public school-based program, such as CVA, MCP, Three Rivers Home-Link, K12, etc.) for the 2023-24 school year. We understand that if we choose to participate in one of these programs, the ECHO Board should be notified and our priority for involvement or classes could change.
- Our family IS participating or planning to participate in an ALE (public school-based program, such as CVA, MCP, Three Rivers Home-Link, K12, etc.) for the 2023-24 school year. We understand that priority in involvement and classes will be given to those not participating in these programs.

Emergency Contact and Medical Information

Mom's Cell Phone _____ Dad's Cell Phone _____

Emergency contact (Not parent) _____ Phone _____

Children Enrolling: (including nursery) Allergies? Explain. Medical Condition Requiring Medication? Explain.

- | | | |
|----------|--|--|
| 1) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 2) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 3) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 4) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 5) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| 6) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

Please explain if your child has a medical condition that would require medication to be taken **at ECHO** (for example: life threatening allergies, asthma, diabetes, etc.) and where that medication is carried. If more space is required, please continue on the back of this sheet.

Does your child require more individual attention in class due to a cognitive or physical disability? No Yes, please explain.

Teachers' Aide Form

This year aiding will look different from past years. We are working diligently to be respectful and responsible with all families' time and will not know exactly what aiding looks like until we know enrollment numbers. At this point, please expect to be onsite to assist every week due to smaller capacity. Aiding hours are from 9:00 a.m. to 12:55 p.m. Aiding duties may include but are not limited to the following: helping in the classroom, setting up/cleaning up, cleaning up after lunch, yearbook, nursery, and potentially substituting for a teacher. ECHO is a cooperative ministry. Your assistance in aiding is critical in our joint effort for ECHO to be a ministry devoted to blessing children and adults alike.

Aiding Parent Name _____ Phone(s) _____
(to be printed on aiding schedule)

E-Mail Address: _____

Please note in numerical order which classes you prefer to serve in (1 being most desirable):

- | | |
|---|--|
| ___ Preschool/Kindergarten | ___ Nursery |
| ___ Writing | ___ Literature with a purpose/Constitution |
| ___ Drama | ___ Speech/Hands on History |
| ___ Art & Design | ___ Health |
| ___ Board Desk/ Rover | ___ Nursery |
| ___ Substitute Teaching | |
| ___ Yearbook (taking candid shots and contributing to the creation of the yearbook) | |

Please Note- We try to have parents of our preschool/kindergarten and nursery children serve in those locations for at least part of their aiding time.

We do NOT plan to have a make-up day in case of an ECHO cancellation this year. Our last day will be March 29th.

Will you be using the nursery for your children 0-3 years? ___ Yes ___ No

Childs Full Name _____ Birthdate _____

Childs Full Name _____ Birthdate _____

Childs Full Name _____ Birthdate _____

Any serious allergies or health problems we should be aware of? _____

**Please remember the nursery is for use only on your aide days and for only your own children.*

Do you have a child enrolled in preschool/kindergarten? ___ Yes ___ No

Do you have any physical limitations that would hinder you from lifting? ___ Yes ___ No

If yes, how may we accommodate this so you are still able to participate?

Are you currently CPR certified? ___ Yes ___ No

Agreements

Parent Aide Responsibilities

I understand that ECHO is a cooperative ministry and can only fully operate with the help of parent aides. I agree to be on time (**BY 9:00 am**) on my scheduled work days. I understand that if I am unable to aide it is my responsibility to find a replacement and notify the Board at admin@echohomeschool.org of this change.

If I am late I agree to pay a (initials)_____ \$10 fee. Late fee is imposed starting at 9:05 (with the exception of moderate to significant emergencies). If I do not show, I agree to pay a (initials)_____ \$40 fee. I understand that these fees are imposed, because these actions greatly affect the other parent aides in the organization.

Please Note: In case of habitual no-shows, or tardiness for your aiding responsibilities, your ability to register for ECHO in the future may be affected (initials)_____.

I understand that if I have any health issues (chronic illnesses, back injuries, etc.) that will potentially prevent me from fulfilling my aiding duties, I will coordinate this with a family member **in my home** beforehand to fulfill those duties. This person must have a current approved background check on file with ECHO and attend the Parent Night meeting with me. If this applies to you, please email us at admin@echohomeschool.org and a board member will contact you to see if we can accommodate this need.

Parent Signatures: _____

Statement of Faith Acknowledgment

My family and I have **read**, **discussed** and **AGREE** with ECHO's Statement of Faith. I understand these standards will be upheld and taught to my children while they attend classes at ECHO.

Parent Signatures: _____

Discipline Policy

Our family has read and discussed the Basic Rules located on our website at www.echohomeschool.org. We understand and agree with them and will obey them. If a rule is broken, we understand that the Discipline Policy will be applied. We agree with the Discipline Policy and will cooperate and support its use.

Parent Signatures: _____

Student Signatures: _____

Registration Fee & Tuition Agreement

The payment schedule is broken up into 5 installments:

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2. September 19th - All material fees are due. This amount will be emailed after registration.
3. October 6th - 1st 1/3 total tuition is due.
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5. December 1st - 3rd and final 1/3 total tuition is due.

Please Note: A \$10 late fee will be added for each week that a payment is late.

Refunds are based on the date and reason for dropping and are at the discretion of the ECHO Board.

This year we are only accepting cash and checks for payment.

*Your account balance and payment schedule will be included on your enrollment e-mail.

We acknowledge the payment schedule for the non-refundable registration fee, material fees, and tuition fees, above. If we are unable to keep to this schedule due to financial hardship, we agree to work out a payment plan with the ECHO board.

Parent Signatures: _____

ECHO Health and Wellness Form

Students and volunteering parents should only attend ECHO if they are not ill.

- Persons must be fever free without any medication (including no Tylenol, ibuprofen, other medications or methods that may lower a fever) for at least 24 hours prior to coming to ECHO. Anything over 100.0° F is considered fever.
- Persons must not have vomiting or diarrhea for 24 hours prior to coming to ECHO.
- Other symptoms to keep home include sore throat, persistent or frequent coughing, sneezing, nasal drainage that is NOT clear, or rash.

ECHO asks that students and parents follow proper hygiene procedures. This includes proper and frequent handwashing- Washing for at least 30 seconds, using soap, and a clean paper towel to dry hands and turn off water. Hands should be washed after using the bathroom, helping a student in the bathroom, changing a diaper, coughing, sneezing, or blowing your nose, after playing outside, or after appearing dirty. They should also be washed before handling or preparing food, and before eating. We also ask that persons cough or sneeze into their elbow (NOT their hand), or into a tissue which would then be thrown in the trash and hands are properly washed afterwards.

Please remember a minor cold for you or your child, can be more dangerous to another child or family member.

ECHO does not make health decisions for you or your family. You assume any and all risk with those decisions. If you or someone in your family is ill, please stay home as your decisions also affect other ECHO families.

____^{Initial} We understand that while ECHO has the best interest of its students and families in mind, we as a family are responsible for all decisions related to preventing or treating illness in our family. We agree to abide by the health and wellness information listed above.

Parent Signatures: _____

Student Signatures: _____

Medical Information Regarding My Minor Child

(One form per child including nursery children)

This page is for information only and is not a consent for treatment

_____, parent/legal guardian of, _____
(please print your name) (please print child's legal name)

Child Medical Information

Birthdate _____ Date of last tetanus shot _____ Drug allergies _____

Child's Physician _____ Phone _____

Dentist _____ Phone _____

Medical Conditions or previous surgeries _____

Current Medications _____

Family Information

Address _____ Home Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Local relative or friend _____ Phone _____

Insurance _____ Policy Number _____

YOUTH WAIVER AND RELEASE OF LIABILITY

(Required by ECHO Insurance)

In consideration of being allowed to participate in any way in **Enriching Christian Homeschool Organization of Tri-Cities** related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue ECHO, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her 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.

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 Member/Participant (print) _____

Name of Parent/Guardian (print) _____

Parent/Guardian Relationship (print) _____

Signature of Parent/Guardian _____

Address of Member/Participant _____

Telephone Number of Parent/Guardian _____

Permission to Use Student Photographs in the ECHO Yearbook

Family Name: _____

Student Names : _____

I grant to ECHO the right to take photographs of my children while at ECHO for an ECHO yearbook, sold to ECHO families at the end of the academic year, and a slideshow presented at the end-of-the-year performance. This would include an individual photo, along with candid shots taken during the ECHO day.

I do NOT grant ECHO the right to take photographs of my children while at ECHO for an ECHO yearbook or slideshow. Please do NOT include an individual photo of my children, along with candid shots taken during the ECHO day, in a yearbook or slideshow, for ECHO families. **I agree to preview the yearbook PRIOR TO publication.**

I have read and understand the above:

Parent Signature: _____

Printed name: _____

Class Request Form

Please use the charts below to indicate class preferences for each of your children. Each child will have his/her own chart. Please print extra sheets if you need more charts.

1. Please print your child's first and last name and birthdate clearly.
2. Circle the age group you are enrolling your child in.
3. Read the class descriptions online before making your selection. You are responsible to know and understand the expectations before requesting a class.
4. Please select your child's preferred class. If that class is full, they will be registered in the other class option, and they will be added to a waiting list in case a space becomes available. For Preschool students select the single class option as they stay in the same class for the duration of the ECHO day.
5. If you have more than one child in the same age group, please know that there are situations when there is only one space left in a class. When that happens, it is helpful to know who should be registered first. Please make a note of the order of registering multiple children in the same age group.

SAMPLE

Child's Name: SONJA JOHNSON		M/F	Child's Birthday: 3/10/13		Age as of October 1 st : 10
Family e-mail: yeahforhomeschooling@happyme.com			Check this box if student also participates in an ALE <input type="checkbox"/>		
Notes to consider when registering:					
	3-5 Years Old Preschool/Kindergarten	6-8 Years Old	9-12 Years Old	13 Years & Up	
Period 1	___ Preschool/Kindergarten	___ Health	___ Drama <u>X</u> Hands-on-History	___ Art & Design ___ Constitution	
Period 2		___ Hands-on-History	<u>X</u> Writing the Novel Way ___ Constitution	___ Drama ___ Health	
Period 3		___ Literature with a Purpose	<u>X</u> Art & Design ___ Health	___ Speech ___ Writing the Novel Way	

Child's Name: _____ M/F Child's Birthday: _____ Age as of October 1st: _____
 Family e-mail: _____ Check this box if student also participates in an ALE
 Notes to consider when registering: _____

	3-5 Years Old Preschool/Kindergarten	6-8 Years Old	9-12 Years Old	13 Years & Up
Period 1	___ Preschool/Kindergarten	___ Health	___ Drama ___ Hands-on-History	___ Art & Design ___ Constitution
Period 2		___ Hands-on-History	___ Writing the Novel Way ___ Constitution	___ Drama ___ Health
Period 3		___ Literature with a Purpose	___ Art & Design ___ Health	___ Speech ___ Writing the Novel Way

Child's Name: _____ M/F Child's Birthday: _____ Age as of October 1st: _____
 Family e-mail: _____ Check this box if student also participates in an ALE
 Notes to consider when registering: _____

	3-5 Years Old Preschool/Kindergarten	6-8 Years Old	9-12 Years Old	13 Years & Up
Period 1	___ Preschool/Kindergarten	___ Health	___ Drama ___ Hands-on-History	___ Art & Design ___ Constitution
Period 2		___ Hands-on-History	___ Writing the Novel Way ___ Constitution	___ Drama ___ Health
Period 3		___ Literature with a Purpose	___ Art & Design ___ Health	___ Speech ___ Writing the Novel Way