

Overview of Membership Requirements GATE Member Handbook And Member Forms

HANDBOOK: The following is an overview of the policies that govern our co-op activities. To see more details, please use the link to the GATE Member Handbook which has interactive Table of Contents to view specific sections.

Topic	Page in Handbook
Membership and Participation	7
<i>Membership is by approval of application, and family must have at least one homeschooled student in K-12th grade attending the co-op. One parent must attend and provide support of co-op with student, no drop-offs. Parents provide teaching, assisting, and facility clean up during each co-op meeting day. Students must be registered in GATE classes to attend co-op.</i>	
<i>Students are placed in age/grade groups for class purposes based on their age on September 1 each school year so that students can develop friendships within their peer group and so teachers can develop age-grade appropriate classes.</i>	
<i>GATE is open to students with special needs or issues. We ask that parents be up front with Leadership about those needs from the time of application on. Typically, we ask the parent to assist in their student's class at least the first semester</i>	
<i>Each semester that a family participates, they will pay an Operation Fee for that semester. Class fees are based on the classes the family registers for and are due after registration closes each semester.</i>	
Visitors	9
<i>Current members may bring a visitor to co-op up to twice a semester. Visitors that are adults can watch in a class with a member student or parent. Visitors that are K-12th may be allowed to participate in a class with member student or member parent. No infant or preschool visitors are permitted to attend.</i>	
<i>Families interested in applying for membership may request a tour. The entire family may come for a tour of the co-op during the 10 meeting times outside of the first and last class days. Contact GATE at hello@gatehsc.org to request a time to tour.</i>	
Personal Conduct	10
<i>Responsibility and self-control are the foundation of good conduct. We expect our families to encourage and help one another and each other's students to abide within the conduct guidelines of GATE. We have requirements for substances (including prescription use), weapons (including pocket knives), and personal items (including cell phone use).</i>	

Guidelines just for Parents

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The top 12 things we ask our parents to do or remember to help our co-op run smoothly!

Guidelines just for Students

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The top 12 things we ask our students to do or remember to help our co-op run smoothly!

Appearance and Dress

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We do have some specific requests for appearance and dress on the days we attend co-op. We strive for a fairly conservative dress and keeping appearances that are honoring and not distracting while we attend classes. We do a presentation every semester to help us all remember and commit to respecting one another in this area.

Absences (Planned, Unplanned, Illness)

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The co-op runs smoothly because members come and do their part, therefore members are expected to attend co-op. Outside of very extenuating circumstances, we ask that each family have only two absences per semester maximum. We ask for written notice of absence (by email), including any arrangements for teaching responsibilities if you need to miss. We require minimum 48 hours without fever and symptoms for members to be able to attend.

Communications and Media

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Staying informed is crucial and is the responsibility of member. Leadership communicates primarily by email and also a group text app for last minute or emergency information. Information is also shared at morning assembly time.

We also have some specific guidelines regarding posting information and pictures of GATE activities and sharing communication regarding GATE on any social media.

Classes and Registration

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Our classes each semester are determined through a 3-step process that involves our members. We take class suggestions, then go through a survey process to determine the most needed/desired classes, and finally we hold class registration. Returning members with high school students register first to ensure needed classes are filled; then other families register their students. Class fees are paid to GATE at the closing of registration. GATE then pays total class fees to the lead teacher for supplies needed for the class. There are no paid teachers at GATE.

This section also has information about credit academic classes and homework.

Teachers and Assistants

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We provide guidance for developing class plans and leading your class. Teachers and assistants make the education and enrichment of our students happen!

Accountability**28**

We have specific guidelines regarding our actions with and around our students. It is taken very seriously

Copyright and Plagiarism**29**

This section gives definitions of these terms and provides guidance to avoid issues in these areas. We do have discipline procedures for members who continue to break these rules.

Activities, Events, & Celebrations**30**

Although our main purpose is providing classes, we sometimes plan activities for our members. We do not typically celebrate holidays at co-op, with the exception of Valentine's Day and a Christmas party.

Lunch and Food Policy**31**

Currently we do not have a lunch period at GATE- we end at noon. We do not allow anything other than a water bottle to be out with students (Moms can have closed cups with their morning coffee/tea/beverage). Teachers may provide food items in class within guidelines and upon parent approval but it must be consumed during class time or kept in backpack until the end of the co-op when it can be consumed outside under parental direction.

Facilities and Equipment**31**

We are contracted with the church to use specific parts of their facility and equipment. In order to keep our relationship with our host church strong, we ask members to respect the facility and follow facility use guidelines that have been approved by the church.

First Aid and Emergency Procedures**34**

Basic first aid kit is available on site. Any emergency procedures will be explained and directed by the Leadership. We ask that teachers keep their class supervised, knowing other teachers are supervising their students.

Disciplinary Actions**13**

We have basic guidelines for disciplinary actions which always start with verbal notice, "the grace talk." We endeavor to administrate with grace, but families must understand that only when we operate and cooperate within the guidelines does our co-op run smoothly and equitably for all families, leaders, and our host church.

Peacekeeping Guidelines**30**

We desire our members to resolve conflicts in a way that is consistent with Biblical teaching. We encourage the process developed by Peacemaker.net to be followed.

SEMESTER FORMS: Each semester, members must sign a Family Participation Agreement, a Family Medical Information and Release Form, and the Release of Liability Form for the host church. Examples of these forms are shown below.

GATE Home School Association
Member Forms v2021

Family Participation Agreement

2021-2022 School Year
Request for attendance at camp for the designated school year and must be submitted to Leadership prior to first class day. Please attach a copy of the current driver license or other photo ID card for any adult attending GATE co-op or activities.

Family Last Name: _____
Mother: _____ Father: _____
Mom Cell Phone: _____ (can receive text on this phone: Yes)
Main Email: _____
Children attending co-op: _____
Emergency Contact: _____
Name: _____ Relation: _____ Cell Phone: _____

Agreement:
Our family has read or will read the documents describing the requirements of GATE HSA membership including the current version of the GATE Member Handbook, Releases, and Agreements, and understand our entire family will be expected to abide by them when we participate in any GATE Home School Association activities, including educational and enrichment classes at co-op.
Our family agrees to abide by the laws of the state of Texas, including any laws concerning home schooling.
Our family will communicate any information regarding our family's participation in activities including co-op as outlined in the Handbook, addressed by email to leadershipteam@gatehhsa.com or through online forms.
All GATE communications come by email. By signing this form, our family agrees to check email regularly and understands that failure on our part to check email or read email sent from GATE entities does not release our family from responsibility or allow us special considerations.
Our family will cooperate with the directions and communications of GATE Leadership Team while participating in GATE co-op or activities, including emergency information or directions.

Assumption of Risk and Release of Liability:
Our family understands that there are always risks when participating in activities organized by GATE HSA. We agree that we and any future heirs, next of kin, executors, or administrators will not hold GATE Home School Association and Co-op or any board members, leaders, members, representatives, or volunteers of GATE, any club or organization of GATE, nor any facility where GATE meets, their staff, members, or volunteers, responsible for harm, illness, loss, or injury to any family member that may occur during any GATE activity, including class, club, field trip, or any other GATE organized activity, or be a result of such activity. We and any future heirs, next of kin, executors, or administrators waive any right to sue. Our family will assume all risk and full responsibility for bodily injury or illness or harm or loss or property damage to our family members or possessions while participating in any GATE activity including co-op classes.

Parent/Guardian Signature _____ Printed Name _____ Date _____
The signature of one parent is deemed to bind both parents and their family members to these agreements and releases.


GATE Leadership Team use					
Family Agreement	Medical Info & Release	FBC Family Waiver	Photo ID	Other	

Property and Building Use Agreement

Between Friendship Baptist and GATE Home School Association Co-op

EXHIBIT D – Release of Liability Form for Families 2020-2021

Each registered family of GATE HSA Co-op shall submit an executed copy of this form no later than the first date they attend GATE HSA Co-op classes at FBC/Fairview.



CIVIL RIGHTS DISCLAIMER
Friendship Baptist Church operates in accordance with the U.S. Department of Agriculture and Texas Health and Human Services Commission policy, which prohibits discrimination on the basis of race, color, national origin, sex, age or disability.

WAIVER
I desire to voluntarily participate in the GATE Homeschool Co-op at Friendship Baptist Church located at 270 Country Club Road in Fairview, Texas 75069. In consideration of the opportunity for me and my family to participate, I do hereby expressly and knowingly assume all risk of any kind regardless of the nature, and do hereby agree to forever discharge, release defend and indemnify and hold harmless Friendship Baptist, including, but not limited to, its agents, officers, employees, invitees, staff, members, volunteers, from and against any and all loss, liability, obligation, damage, cost, demand, suit, action, judgment or expense whatsoever, including but not limited to, reasonable attorney fees and court costs, whether known or unknown, accrued or contingent that the Participant(s) may have or contend to have on account of any circumstance caused by or alleged to be caused in whole or part as a result of participation in GATE Homeschool Co-op while at Friendship Baptist in Fairview, Texas including any and all claims or causes of action arising out of negligence or gross negligence of GATE Homeschool Co-op or Friendship Baptist Church. With my signature below, I expressly declare that I have carefully read this Waiver and fully agree to its contents and meaning. I have no knowledge of any condition that would detrimentally affect our family's participation in the activities directed by of GATE Homeschool Co-op of Fairview/Allen/Lucas.

This waiver is effective for the entire 2020/2021 school year, ending May 31, 2021.

Name of family members participating in GATE Homeschool Co-op: _____

Signed by: _____
Signature: _____ Date: _____

Friendship Baptist Church – Property and Building Use Agreement EXHIBIT D

GATE Home School Association
Member Forms v2021

Family Medical Information and Release

2021-2022 School Year

Family Last Name: _____ Date: _____
Father: _____ Wk.# _____ Cell _____
Mother: _____ Wk.# _____ Cell _____

Insurance Coverage Information
Father: Company _____ Attach copy of card
Coverage Verification phone no. _____
Policy/Group Numbers _____
Mother: Company (if different) _____ Attach copy of card
Coverage Verification phone no. _____
Policy/Group Numbers _____

Children attending GATE co-op or activities
(Medical info includes allergy, medication, diagnosis, etc. More information can be provided on the back if needed)

Name: _____ DOB _____ Insured by: ___Dad ___Mom
Medical info _____ [More on back Y-N](#)

Name: _____ DOB _____ Insured by: ___Dad ___Mom
Medical info _____ [More on back Y-N](#)

Name: _____ DOB _____ Insured by: ___Dad ___Mom
Medical info _____ [More on back Y-N](#)

Name: _____ DOB _____ Insured by: ___Dad ___Mom
Medical info _____ [More on back Y-N](#)

Name: _____ DOB _____ Insured by: ___Dad ___Mom
Medical info _____ [More on back Y-N](#)

Name: _____ DOB _____ Insured by: ___Dad ___Mom
Medical info _____ [More on back Y-N](#)

Name: _____ DOB _____ Insured by: ___Dad ___Mom
Medical info _____ [More on back Y-N](#)

GATE Home School Association
Member Forms v2021

Family Medical Information and Release (page 2)

2021-2022 School Year

Family Last Name: _____

Please use the space below to provide any **additional medical information** that may be needed in seeking treatment for any person listed herein (allergies, medication, diagnosis, etc.). Please list the **person's name followed by additional information.**

Medical Permission

In the event I cannot be reached to give my consent, I, the undersigned parent/legal guardian of the children listed herein, hereby authorize GATE agents or representatives to consent for me to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment or hospital care deemed necessary or advisable by a licensed physician for my children or myself. It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required, and is given to provide authority and power to GATE agents or representatives seeking medical attention for my child or me from licensed medical facilities and medical professionals.

Parent/Guardian Signature _____ Printed Name _____ Date _____
The signature of one parent is deemed to bind both parents and their family members to these agreements for a period of 14 months.