



## **K-2 PROGRAM**

Homeschooling is a wonderful option for parents who want to take an active role and become engaged in their child's education, but many parents still desire a place where their children can learn in a group setting and interact with other children.

Pathways School wants you to consider joining our K-2 community learning introductory workshop. This is a year-long, two-and-a-quarter hour, one-day weekly cooperative. Our innovative K-2 program brings new or potential homeschool parents and children in kindergarten, grade 1, and grade 2 together in a non-intimidating way. This is a drop-off program, but parents will be asked to volunteer on a rotating basis.

### **REGISTRATION IS NOW OPEN**

- The K-2 student classes run for 30 weeks throughout the school year
- Classes run from 9:00 am to 11:15 am and 12:15 pm to 2:30 pm on Mondays.
- No childcare provided for younger siblings.
- First class/orientation session, September 8, 2025

### **TUITION/ENROLLMENT**

- \$175 per student for the year

To enroll, please complete the attached form and mail along with checks made payable to Pathways:

Pathways  
PO Box 148  
Terre Hill, PA 17581

More Questions? [INFO@LEARNINGATPATHWAYS.ORG](mailto:INFO@LEARNINGATPATHWAYS.ORG)



# PATHWAYS K2 CO-OP Application Date Received \_\_\_

## PARENT/GUARDIAN INFORMATION:

Father/Guardian name: first, middle, last	Home Address: Street	Phone Numbers: Home: Cell:
Email:	City State Zip code	Date of Birth: / /
Employer:	Job Title:	Work Phone:
Mother/Guardian name: first, middle, last	Home Address: Street	Phone Numbers: Home: Cell:
Email:	City State Zip code	Date of Birth: / /
Employer:	Job Title:	Work Phone:

## STUDENT INFORMATION:

List all children you wish to enroll in the Pathways' K2 Cooperative for the upcoming school year.				
Student's name (first, middle, last)	Gender	Age	Date of Birth	Comments (medical, special requests, etc.)

List other children in your household: State full name, age and school (if attending elsewhere). If more space is needed, please attach a separate sheet of paper.

- 1.
- 2.

## REGISTRATION AND TUITION FEES DETAILS

\_\_\_\_\_ I am paying the \$75.00 per child deposit **no later than June 1<sup>st</sup>** (*dates of remaining tuition balance payment will be forwarded with additional class information*)

\_\_\_\_\_ I am **paying** the K-2 upcoming school **year** tuition in full \$175.00/year for the first child, \$100 per additional child prior to June 1<sup>st</sup> (*This includes the class deposit*).

**AM PM** Please circle class time preference. There is a limited number in each class, if that is met you will be notified before your child is placed in the other class.

Please make checks payable to "Pathways"  
Mail to: PO Box 148, Terre Hill, PA 17581



# Pathways Emergency Procedure Form

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address (of residence):  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home phone: \_\_\_\_\_

## Parental Contact Information

Father: \_\_\_\_\_ Workplace: \_\_\_\_\_

Cell phone

Name of Employer

Work number

Mother: \_\_\_\_\_ Workplace: \_\_\_\_\_

Cell phone

Name of Employer

Work number

## Emergency Contact Information

Student's Doctor: \_\_\_\_\_

Name

Phone Number

Student's Dentist: \_\_\_\_\_

Name

Phone Number

Alternate Contact: \_\_\_\_\_

Name

Phone Number

Relationship

Alternate Contact: \_\_\_\_\_

Name

Phone Number

Relationship

Emergency Hospital Preference: \_\_\_\_\_

Ambulance Service Preference: \_\_\_\_\_

## Medical Information

List Allergies (food, insect bites, medication, other)

Medications taken at home or school (list times)

Handicap(s) or on-going health issue(s):

Treatments needed for above condition(s)

The following medications may be administered at the school at the discretion of an adult supervisor:

\_\_\_\_\_ Acetaminophen (Tylenol, Equate brand, Excedrin, etc.)

\_\_\_\_\_ Ibuprofen (Advil, Motrin, Equate brand, etc.)

\_\_\_\_\_ Antacid (Toms, Roloids, Mylanta, Maalox, etc.)

\_\_\_\_\_ Cold treatment (cough drops)

Health Insurance Provider: \_\_\_\_\_

Policy # or Group #: \_\_\_\_\_

**In the event the school is unable to locate a parent or guardian in an emergency, I hereby authorize school authorities to have my child transported for emergency treatment and give permission for the information on this sheet to be released to the medical facility and physician providing emergency care.**

**The school personnel are hereby authorized to render such treatment as may be deemed necessary in an emergency for the health of my child.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Mother/guardian

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Father/guardian



# Pathways Liability Waiver Form

Please list all children who are enrolled in the Pathways program who are under your care.

- 1)
- 2)
- 3)
- 4)

**In consideration for receiving permission to enroll and participate in the Pathways educational program, I hereby: (check all that apply)**

\_\_\_\_\_ Acknowledge that activities at Pathways involve risk of accidents or personal injuries and agree to release, waive, discharge and covenant not to sue and to hold harmless its board members, teachers, administrators, volunteers and any other associated personnel, including the owners or landlords of the premises utilized by the school, of and from any and all claims, actions and damages for accidents, personal injuries, emotional distress, disabilities or death that my child/children has or may sustain as a result of participation in this program.

\_\_\_\_\_ Authorize the school to seek emergency medical treatment for my child/children at any medical facility at my expense, utilizing the medical information I provide this institution.

\_\_\_\_\_ Grant Pathways permission to publish photographs or video of my child/children in any of Pathways publications or social media sites for the purpose of educating the community about the Pathways program.

\_\_\_\_\_ Grant permission for Pathways to publish any academic piece such as artwork, essay, or poetry produced by my child/children for the purpose of educating the community about the Pathways program.

\_\_\_\_\_ Agree to take full financial responsibility for damages to any facilities, equipment, or materials utilized by Pathways caused by my child/children or myself.

**I, the undersigned, state that I am a parent or legal guardian of the child/children listed above. I have fully read and understand the above terms and conditions as they apply to said child/children and myself and understand this document is binding on myself as parent/guardian of said child/children.**

Parents/Guardians names (Please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_