

# 2025-26 ENROLLMENT FORM



HOMESCHOOL ENRICHMENT PROGRAM @ WELD

## WAVE OF HOPE @ WELD 2025-26 HOMESCHOOL ENRICHMENT PROGRAM ENROLLMENT FORM 8AM-4PM Enrichment on FRIDAYS

LEGAL NAME (as stated on Birth Certificate):

\_\_\_\_\_  
First Middle Last

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_/ By Law Students Must Be Age 5 by October 1st To Enroll In Kindergarten

GRADE LEVEL FOR THE 2025-26 SCHOOL YEAR: \_\_\_\_\_

LEGAL GENDER: \_\_\_\_\_ Male \_\_\_\_\_ Female

ETHNICITY: Is the Student of Hispanic/Latino origin \_\_\_\_\_ Yes \_\_\_\_\_ No

RACE: \_\_\_\_\_ White \* \_\_\_\_\_ American Indian or Alaska Native \* \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American \* \_\_\_\_\_ Native/Pacific Islander

ADDRESS: Where Student resides most of the time:

\_\_\_\_\_  
Street City Zip

SCHOOL DISTRICT OF RESIDENCE: \_\_\_\_\_

If you don't know please check here: <https://www.niche.com/k12/schools-near-you/>

Address~1111 6th St., Greeley, CO 80631 \* Phone ~ (720) 340-2552  
WWW.WAVEOFHOPEHSE.ORG

**IF YOUR STUDENT WAS PREVIOUSLY REGISTERED IN A PUBLIC SCHOOL, HAVE YOU NOTIFIED THAT DISTRICT OF THEIR WITHDRAWAL?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**WHAT EDUCATIONAL SETTING IS YOUR STUDENT COMING FROM PRIOR TO ENROLLING?**

- \_\_\_\_\_ A COLORADO PUBLIC SCHOOL  
 \_\_\_\_\_ A SCHOOL LOCATED IN A DIFFERENT STATE  
 \_\_\_\_\_ HOME BASED EDUCATION (HOMESCHOOLING)  
 \_\_\_\_\_ A SCHOOL LOCATED IN A DIFFERENT COUNTRY  
 \_\_\_\_\_ NEW TO EDUCATIONAL SYSTEM (KINDERGARTEN STUDENTS ONLY)  
 \_\_\_\_\_ A PRIVATE SCHOOL

### **PARENT/GUARDIAN INFORMATION**

**PARENT/GUARDIAN NAME:**

\_\_\_\_\_

First Middle Last

**PARENT/GUARDIAN ADDRESS:**

\_\_\_\_\_

Street City Zip

**PARENT/GUARDIAN PHONE NUMBER:** \_\_\_\_\_

**PARENT/GUARDIAN EMAIL ADDRESS:** \_\_\_\_\_

**DOES THE PARENT/GUARDIAN CURRENTLY SERVE IN THE US MILITARY (ACTIVE DUTY/NATIONAL GUARD):** \_\_\_\_yes-If yes, *WE WHOLEHEARTEDLY THANK YOU!*

**IS THE ENROLLING STUDENT CONSIDERED HOMELESS:** (A homeless individual is one who lacks a fixed, regular and adequate primary nighttime residence)

- \_\_\_\_\_ No \_\_\_\_\_ Yes and is in the physical custody of a parent or guardian  
 \_\_\_\_\_ Yes and is not in the physical custody of a parent or guardian (unaccompanied youth)

**IF THE STUDENT IS CONSIDERED HOMELESS, INDICATE WHICH OF THE FOLLOWING DESCRIBES THE STUDENT'S CURRENT LIVING SITUATION:**

- \_\_\_\_\_ N/A Not Applicable  
 \_\_\_\_\_ Shelters/Transitional Living  
 \_\_\_\_\_ Doubled Up Due To Economic Hardship  
 \_\_\_\_\_ Unsheltered (Cars, Parks, Campgrounds)  
 \_\_\_\_\_ Hotels/Motels

**BY SIGNING BELOW YOU:**

1. Understand you are Enrolling In The Wave of Hope Homeschool Enrichment Program @ Weld For The 2025-26 School Year. You Will Be Contacted By The School Or Program for optional parent meetings prior to program start date. **The signing of a STUDENT CONTRACT AND HANDBOOK is a commitment to participate in required hours (one day a week or 90 hours per semester). Enrichment year is from 8/15/25-5/15/26 (includes Thanksgiving 1 week break, Christmas/New Years-2 week break and 1 week of Spring Break, all other days are in session).**
2. Acknowledge that you live in Colorado and that your child attends homeschool or private school.
3. Understand that proof of birth certificate is required for financial transparency for Grant Fulfillment.
4. Understand that you will concede attendance/funding to Wave of Hope @ Weld Enrichment **FIRST** on all documentation if you choose to attend any other BOCES ENRICHMENT FUNDED PROGRAM EITHER BEFORE OR AFTER ATTENDING Wave of Hope @ Weld Homeschool Enrichment.

**Please Sign As The Parent/Guardian Completing The Registration:**

**PARENT/GUARDIAN PRINT:**

\_\_\_\_\_

**SIGNATURE:**

\_\_\_\_\_

**Date of Signature:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

**OFFICE USE ONLY: Date Enrollment Completed. This Date Will Be Used To Determine Priority Should Classes Fill As They Will Be Offered On A First Come, First Serve Basis:**

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

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# ***Wavemaker Founders Club***

**Let us recognize you!**

***When TWO referrals from a Wave of Hope Learning Centers attendee joins our Enrichment Program, that family will receive a commemorative plaque that honors their commitment to the Wave of Hope Family and its mission, to support Home School Families in the State of Colorado.***



**Who will you ask to join Wave of Hope Learning Centers so we can support their homeschool needs?**

Name \_\_\_\_\_

Phone # \_\_\_\_\_

**Please let them know we'll reach out, we don't want to surprise anyone!**

