

2025-2026 ENROLLMENT FORM

WAVE OF HOPE @ FOOTHILLS



2025-2026

HOMESCHOOL

ENRICHMENT PROGRAM

ENROLLMENT FORM

Enrichment is EVERY Friday!

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

WHAT HOMESCHOOL ENRICHMENT PROGRAM LOCATION ARE YOU INTERESTED IN APPLYING FOR:

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

Phone~(720) 340-2552
WWW.WAVEOFHOPEHSE.ORG

SCHOOL DISTRICT OF RESIDENCE: _____

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

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 OR ____no

IS THE ENROLLING STUDENT CONSIDERED HOMELESS: (A homeless individual is one who lacks a fixed, regular and adequate primary night-time 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 UNDERSTAND:

1. Understand you are Enrolling In The Wave of Hope Homeschool Enrichment Program @ Foothills 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). School 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 @ Shiloh Enrichment FIRST on all documentation and if you choose to attend any other BOCES ENRICHMENT FUNDED PROGRAM EITHER BEFORE OR AFTER ATTENDING Wave of Hope @ Foothills Homeschool Enrichment.

Please Sign As The Parent/Guardian Completing The Registration:

PARENT/GUARDIAN PRINT:

SIGNATURE:

Date of Signature: ____/____/____

OFFICE USE ONLY:

**Phone~(720) 340-2552
WWW.WAVEOFHOPEHSE.ORG**

**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 ____/____/____