

REGISTRATION FORM

Buechel Campus---HomeForHisGlory Educational Co-Op

Fall Semester

(September 18th & 25th, October 2nd, 9th, 23rd, & 30th, November 6th & 13th)

By signing below I am acknowledging that I have read, understood and agreed to this co-op's statement of faith & by-laws (attached).

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

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Church: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

	CLASS NAME		CLASS FEES
1. Student's Name	_____	Grade _____	Date of Birth _____
9:45 a.m.	_____		_____
10:45 a.m.	_____		_____
12:30 p.m.	_____		_____
1:30 p.m.	_____		_____
2. Student's Name	_____	Grade _____	Date of Birth _____
9:45 a.m.	_____		_____
10:45 a.m.	_____		_____
12:30 p.m.	_____		_____
1:30 p.m.	_____		_____
3. Student's Name	_____	Grade _____	Date of Birth _____
9:45 a.m.	_____		_____
10:45 a.m.	_____		_____
12:30 p.m.	_____		_____
1:30 p.m.	_____		_____
4. Student's Name	_____	Grade _____	Date of Birth _____
9:45 a.m.	_____		_____
10:45 a.m.	_____		_____
12:30 p.m.	_____		_____
1:30 p.m.	_____		_____

(Additional students can be listed on the back of this form.)

Please list any areas of special need we should be aware of for any children listed on this form:

\_\_\_\_\_

Parent Volunteer Area Request: Every parent needs to be involved each hour their child(ren) are attending co-op.

Check the areas below that you are willing/able to help with:

- Teaching, list subject(s) \_\_\_\_\_
- Teaching assistant     Nursery             Photography
- Cleaning                     Hall monitor     Weekly newsletter
- Supplies                     Setting up         Tearing down

This Space for Office Use Only	
<b>Cash</b> or <b>Check</b> #	_____
Tuition \$	60.00
Scholarship \$	_____
Class Fees \$	_____
Box Tops \$	_____
<b>TOTAL \$</b>	_____