

HomeForHisGlory – Educational Co-Op
South Campus (Fairdale Christian Church)
Registration Form
Session 1- 9/22/08-11/10/08

Parents' Names _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Cell # _____

E-mail _____

Emergency Contact _____ Phone _____

Church Attended _____

Home for His Glory – Educational Co-Op

We have read the by-laws for HFHG-EC and agree that our family will abide by them. We have also read the Statement of Faith and agree with it. We understand that if we have signed our children up for a P.E./Gym class, there is always a possibility of physical injury, and we accept responsibility for that decision. We will contact HFHG-EC as soon as possible if we are unable to fulfill our commitment to attend classes, so that other students, who may be on a waiting list, could take our child's place.

Signature _____

Date _____

Please initial here only if you do not want your child's picture posted on our website or the Yahoo group site.

You may contact us via email at barneschristianacademy@yahoo.com or call Suellen Barnes @ 502-290-3644.

Mail your registration to Suellen Barnes at 10500 Whitepine View Place,
Louisville KY 40299.

Registration deadline: June 30, 2008

- \$45 fee required for all registrations
- Registrations are taken on a first come, first served basis.
- Some classes will close before the registration deadline. Tutor discretion & space will determine availability.

**Please indicate first and second choice of class.
Please include any nursery age children.**

1. Student's Name _____ Grade _____ DOB _____

First choice

Second Choice

9:15 a.m. _____ -- _____
10:10 a.m. _____ -- _____
11:05 a.m. _____ -- _____
12:45 p.m. _____ -- _____

2. Student's Name _____ Grade _____ DOB _____

First choice

Second Choice

9:15 a.m. _____ -- _____
10:10 a.m. _____ -- _____
11:05 a.m. _____ -- _____
12:45 p.m. _____ -- _____

3. Student's Name _____ Grade _____ DOB _____

First choice

Second Choice

9:15 a.m. _____ -- _____
10:10 a.m. _____ -- _____
11:05 a.m. _____ -- _____
12:45 p.m. _____ -- _____

4. Student's Name _____ Grade _____ DOB _____

First choice

Second Choice

9:15 a.m. _____ -- _____
10:10 a.m. _____ -- _____
11:05 a.m. _____ -- _____
12:45 p.m. _____ -- _____

Parent's Requests

First choice

Second Choice

9:15 a.m. _____ -- _____
10:10 a.m. _____ -- _____
11:05 a.m. _____ -- _____
12:45 p.m. _____ -- _____

List any additional students on the back of this form

We require a background check to be done on all adults who will be working with our children. If you have not been involved in the HFHG-EC in the past, please provide the following information for any adults in your family that may at one time or another be in direct contact with our students. Please use the back side for more than 2 adults. All information will be destroyed after submission.

Name: _____

Any and all aliases: _____

Date of Birth: _____

SS#: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Name: _____

Any and all aliases: _____

Date of Birth: _____

SS#: _____

Address: _____

City, State, Zip: _____

Email Address: _____