

TRAINING FOR LIFE IN CHRIST HOMESCHOOLERS

Co-op Registration Form

In addition to this form, a TLC Membership Form and FBC Building Waiver form must be completed annually.

Co-op Semester (please circle): Fall Winter Date Received: _____
(office use only)

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent Classroom Job Selection

Parents are asked to sign up for permanent parent classroom jobs for the entire semester. Best efforts will be made to meet your requested parent classroom jobs noted below. However, all registrations will be handled on a first come first serve basis. Please consider signing up for nursery or preK for one hour since these classes require the most helpers.

PARENT'S NAME: _____

FOR THE SCHOOL YEAR, I PLAN TO TEACH OR CO-TEACH: _____

PARENT CLASSROOM JOB SELECTION: (Teachers please indicate your classes as well)

	1 ST Choice	2 nd Choice
10:00 am	_____	_____
11:00 am	_____	_____
12:00/12:15 pm	_____	_____
1:15/1:30 pm	_____	_____

Which lunch hour do you plan to attend? (please circle) Mid/High@11:30am PreK/Elem@1:00pm

Is it your desire to be in the same class as your child? If so, please indicate child's name/grade? _____

Payment Information

Please complete the reverse of this form with each child's registration information. For descriptions and costs for each course, review this semester's co-op classes on our website at www.tlchomeschool.com.

Enclosed are my Co-op Semester Class Fees for: \$ _____

For my Co-op Rental Fees I select the following option for payment:

Option A - Pay now with co-op class registration. **\$55.00 enclosed**

Option B - Pay entire amount first day of co-op

Option C - Pay in weekly or monthly installments during co-op session

Total Amount Enclosed: \$ _____ check # _____

I have read and understand ALL the information and policies noted on the website. I agree to adhere to the parent and student expectations. I also understand my co-op fees are non-refundable.

Signature of Father, Mother, or Legal Guardian

Date

Please register ALL children attending co-op including infants.

STUDENT NAME: _____ Birth mm/yy: _____ Grade: _____ Gender: M / F (circle) Allergies: _____ <div style="display: flex; justify-content: space-around;"> Class Fee </div> 10:00 am _____ 11:00 am _____ 12:00/12:15 pm _____ 1:15/1:30 pm _____	STUDENT TOTAL \$ _____
STUDENT NAME: _____ Birth mm/yy: _____ Grade: _____ Gender: M / F (circle) Allergies: _____ <div style="display: flex; justify-content: space-around;"> Class Fee </div> 10:00 am _____ 11:00 am _____ 12:00/12:15 pm _____ 1:15/1:30 pm _____	STUDENT TOTAL \$ _____
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If you are registering more than 5 children, please attach a separate piece of paper noting the above registration information.