

Immaculate Heart Homeschool Co-op

Registration Form

Name of Father: _____ Name of Mother: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Preferred method of contact: _____

Number of Children (Include all who would be in the facility. List names and ages on the back):

Other Attendees (we have to know for insurance purposes):

Name: _____

Name: _____

Have any of your children ever been dismissed from a school?

Please note any relevant allergies, medical conditions or special needs.

Registration: \$55 (non-refundable) _____

Facility Use: \$120/semester _____

Class Fees:

Class: _____

Class: _____

Class: _____

Total: _____

Children Information:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Additional Information: