

**Immaculate Heart Homeschool Co-op**

**Registration Form**

Date: \_\_\_\_\_

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: \$60 (non-refundable) \_\_\_\_\_

Facility Use: \$120/semester \_\_\_\_\_

Class Fees:

Class: \_\_\_\_\_

Class: \_\_\_\_\_

Total: \_\_\_\_\_

Children’s Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Additional Information: