# Registration Form

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each homeschooled child, please fill out the information below.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Birthday (mo/day/yr) | Grade | Special Needs  & Allergies |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Address

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone

Mother’s email address (for general coop correspondence)

Father’s email address (for Dads meetings)

Church

ACES does not want to take the privilege and joy of meeting your family’s needs from your church when you are in need of help. Instead we want to extend help as needed (e.g., meals during illness, etc.) by coordinating help through your church family. Please list a name and contact info of someone in your church through whom we can coordinate help.

Name/ Phone Number/ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which class periods will your family be attending coop?

\_\_\_\_\_ All four (i.e., 9:10 to 12:30) \_\_\_\_\_ Other: Please specify

Write the names of your children in Gr. 8-12 and indicate if they will be attending Physical Science Lab, Biology Lab, or Chemistry Lab. (Note: Lab offered depends on availability of teachers.)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Biology Lab \_\_\_Physical Sci \_\_\_Chemistry

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Biology Lab \_\_\_Physical Sci \_\_\_Chemistry

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Biology Lab \_\_\_Physical Sci \_\_\_Chemistry

Do you have a child who will opt out of a class and will stay in Study Hall? \_\_\_\_ Yes \_\_\_\_ No

If yes, write the child’s name and the class period he/she will be in Study Hall.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special requests: