

**For His Glory Homeschool Co-Op
2022-2023 Membership and Class Registration Form**

Parent's Information:

Mother's Name- _____ Birth Date _____

Father's Name- _____ Birth Date _____

Full Address- _____

Home/Cell Number- _____
Mother Father

Email Address- _____

Emergency Contact- _____

Child(ren) Information - Include Nursery to High School:

A. Child Name- _____ Birth Date _____ Age _____
Grade _____

B. Child Name- _____ Birth Date _____ Age _____
Grade _____

C. Child Name- _____ Birth Date _____ Age _____
Grade _____

D. Child Name- _____ Birth Date _____ Age _____
Grade _____

E. Child Name- _____ Birth Date _____ Age _____
Grade _____

I agree with the Participation, Grading Policy, Parent and Student Conducts, Financial Responsibility, Dress Code, Illness, Liability and Risk Policies, Standards and Statement of faith as stated in the For His Glory Homeschool Co-op Rules and Regulations Form.

Parent signature _____ Date: _____

PAYMENT AGREEMENT

Parent Name _____

Parent signature _____ Date: _____

Co-op Membership: One Time Fee

The family fee is used for rental payment at Immanuel Presbyterian Church, PO BOX, Sunbiz, and towards new curriculum purchases and general unplanned co-op expenses.

Due at Registration- \$175 per Family

Insurance(s) Premium: One Time Fee

See Insurance Calcula,on Worksheet We are required to carry a general liability and accidental medical policy for our group in order to rent our co-op space from IPC. All Co-op Members must pay the insurance premium.

Due at Registration- \$ 12 per person # of Members _____ Total amount _____

Paid Teacher and Class Supply Fees: Two Installments

Class Fees are for direct expenses related to the individual class for such things as copying expenses, projects, experiments, and supplemental curriculum.

Due Date – Semester 1: July 31, 2022

Semester 2: January 31, 2023

Total amount:

PAID Teacher _____ Full Payment per semester
 Monthly

AUG/SEP _____ OCT _____ NOV _____ DEC _____

JAN/FEB _____ MAR _____ APR /MAY _____

Total Amount:

Class Fee _____

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OFFICE USE ONLY: MEMBERSHIP / INSURANCES / PAID TEACHER / CLASS FEE

SEMESTER 1

Registration- \$175

Insurance- \$ _____

Paid Teacher- \$ _____

Class Fee-\$ _____

SEMESTER 2

Paid Teacher- \$ _____

Class Fee-\$ _____

Amount Due _____

Paid _____

Amount Due by January 31st _____