

**For His Glory Homeschool Co-Op  
2024-2025 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- \$180 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 29, 2024

Semester 2: January 27, 2025

Total amount:

PAID Teacher \_\_\_\_\_  Full Payment per semester  
 Monthly

AUG/SEP \_\_\_\_\_ OCT \_\_\_\_\_ NOV \_\_\_\_\_ DEC \_\_\_\_\_  
JAN/FEB \_\_\_\_\_ MAR \_\_\_\_\_ APR /MAY \_\_\_\_\_

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

SEMESTER 1

Registration- \$180  
Insurance- \$ \_\_\_\_\_  
Paid Teacher- \$ \_\_\_\_\_  
Class Fee-\$ \_\_\_\_\_

SEMESTER 2

Paid Teacher- \$ \_\_\_\_\_  
Class Fee-\$ \_\_\_\_\_

Amount Due \_\_\_\_\_  
Paid \_\_\_\_\_

Amount Due *by January 27* \_\_\_\_\_