# COVE Homeschooling Association

## Family Registration Form Pre-K - 12

**2019 – 2020**

_____

Last Name

_____

Date

| | | |
|---|---|---|
| Early (April 30-May 7) | Family $70 ___ | 1 child/1 class $50 ___ |
| Regular Registration | Family $100 ___ | 1 child/1 class $50 ___ |
| Winter Registration | Family $50 ___ | |

**Registration Fee is non-refundable and covers both semesters**

In Lieu of Jobs (semester) Family $200 ___ 1 child/1 class $100 ___

Cash (exact amount only) / Check # _____

Emergency Form: New ___ Updated: ___

Agreements Form ___ Parent Resource Form ___

Yahoo Groups: Announcements ___ Fellowship ___

**I have reviewed my family agreements and emergency forms and they are accurate.** _____
please initial

Mother: _____ Cell #: _____ Text? Y N

Father: _____ Cell #: _____ Text? Y N

Home #: _____ Primary Email: _____

Street Address: _____

City, ST, Zip _____

Do you have any health issues which would prevent you from performing certain co-op jobs? Yes / No

If yes, please explain _____

**Please list 2019-2020 student information:**

| Child's Name | Birth date (MM/DD/YYYY) | Gender M / F | Grade in Fall | Allergies/ Health Issues? |
|---|---|---|---|---|
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