

For administrative use only Teacher: _____ Member reference _____
 Date received: _____ Time received: _____ Check #: _____ Check amount _____ Cash \$ _____

Application for Helping Hands Co-op – Spring 2009

www.helpinghandshomeschoolco-op.org

Family Last Name _____ Home Phone _____
 Mother's name: _____ Father's name _____
 Address _____ City, Zip _____
 Mother's Cell _____ Father's Cell _____
 Email _____

We will be communicating almost exclusively by e-mail. It is very important that you check your email frequently.
 Parent's talents/experience/hobbies/areas of interest (this information helps us identify future resources for classes and for parent helper placement.)

Classes you would be interested teaching in future semesters:

Grade levels you feel comfortable teaching: K-2__ 3-6__ 6-8__ 9-12__

I understand that I must stay at the Church with my children during classes and participate in Co-op in whatever capacity is needed. _____

For class placement and/or job assignment purposes please list any physical limitations of parent and/or child.

****For 1st time applicants**** List two professional references (ex: church phone # & address / job phone # & address)

Please write your children's names as you wish them to appear on nametags. The grade should be for the school year of this registration. To be in Kindergarten the student must be 5 years old by September 1st.

*******Note: Please write down a 2nd choice for ALL classes!**

Student Name: _____ **Grade:** _____ **Birth date** _____
 Classes _____ First Choice _____ Second Choice _____
 1st Period _____
 2nd Period _____
 3rd Period _____

Student Name: _____ **Grade:** _____ **Birth date** _____
 Classes _____ First Choice _____ Second Choice _____
 1st Period _____
 2nd Period _____
 3rd Period _____

Student Name: _____ **Grade:** _____ **Birth date** _____
 Classes _____ First Choice _____ Second Choice _____
 1st Period _____
 2nd Period _____
 3rd Period _____

Student Name: _____ **Grade:** _____ **Birth date** _____
 Classes _____ First Choice _____ Second Choice _____
 1st Period _____
 2nd Period _____
 3rd Period _____

Preschool and Nursery age students:

| | | | |
|-----------------------|--------------------------|------------------|------------------------------|
| 1. Name: _____ | Department: _____ | DOB _____ | Food Allergies: _____ |
| 2. Name: _____ | Department: _____ | DOB _____ | Food Allergies: _____ |
| 3. Name: _____ | Department: _____ | DOB _____ | Food Allergies: _____ |

**** Circle answer:** I (give/ do not give) permission for my child/children to be photographed while participating in co-op classes and activities, and for the pictures to be used on the website of the Helping Hands Homeschool Co-op.

Mail applications & checks to: Traci Fulmer, 2179 Allena Lane, Temple, TX 76502

Nonrefundable application fee - \$30 per family on or before December 22nd and \$35 after.

Please make application checks payable to Helping Hands Co-op. If you would like to make a donation in an amount more than your application fee we will gladly put that money towards our scholarship fund.

*To request a scholarship please fill out the scholarship request form and mail it with your application. Each scholarship will be prayerfully reviewed by the board. Families will be contacted after the review.

Coordinator contact information: Traci Fulmer 254-986-3446 info@helpinghandshomeschoolco-op.org
 Administrator contact information: Colleen Stafford 254-773-9116 info@helpinghandshomeschoolco-op.org
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