



**THE COOPERATIVE REGISTRATION FORM**

**PARENT INFORMATION**

*Legal Guardian's Name*

*DOB:*



*Email*

*Phone Number*



*Address*

*Emergency Contact:*

*Phone Number*



**STUDENT INFORMATION**

**Child's Name:**

**Grade:**

**Birthdate:**

**Age:**

































**Allergies:**.....  
 .....

**Medical Conditions:**.....  
 .....

**Does your child have any special needs that the teacher should be aware of?**.....  
 .....  
 .....

Please tell us a little about your homeschool.

How long have you been homeschooling and what lead you to homeschool?

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What curriculum do you currently use? \_\_\_\_\_

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### Additional Information:

Do you currently attend church? If yes, where?

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In what service area are you able to serve within The Cooperative?

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What is your availability to serve? \_\_\_\_\_

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What are your goals and reasons for wanting to join The Cooperative? \_\_\_\_\_

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**Upon signing the Membership Registration, our family agrees that we will:**

Strive to adhere to the guidelines in *The Cooperative - Handbook*. We understand that continuation of co-op participation is dependent upon adherence to this code of conduct and that all decisions concerning membership will be decided upon by the leadership team for the benefit of the group at large.

**Requirements**

Completion of application, membership is subject to approval and current openings.

\$25.00 per family, per term membership fee.

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

Please return registration via drop-off to Maysville Baptist Church, mail to The Cooperative at Maysville Baptist Church, P.O. Box 26, Buckingham, VA 23921, or by email to [thecooperativembc@gmail.com](mailto:thecooperativembc@gmail.com).

Payment and registration are due by the first Friday in November.

