

CHES Registration Form 2010-2011

Submission of this registration form signifies that both the parents and students have read and will abide by the CHES Participation Agreement.

Please print clearly and complete a separate registration form for each student.

Student Information Name (last, first) _____

Grade _____ Age _____ Birthday _____ Email _____

Parent Information Name (last, first) _____

Email _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____
street city state zip

Names of other children you are enrolling _____

Does your student have any diagnosed or suspected special needs or disabilities that we should be aware of? YES / NO
If yes, please explain on the back of this form. This information will be shared with the teacher.

If you are interested in carpooling, may CHES publish your name, city and phone number on a contact list with other families that are interested? YES / NO

Is this your first year homeschooling? YES / NO Do you have email and check it regularly? YES / NO

Would you like to be a lunch room monitor/aide? YES/NO

Do you anticipate missing two or more classes during the year? YES/NO

Class Registration Please list the classes you would like to register for below. You will receive an email confirmation once your registration form and fee are received.

Class Title	Teacher	Day (M,W,M/W)	Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For classes that have a prerequisite, please note on the back of this form how you have fulfilled the requirement

Please check the Participation Preview orientation you will attend.

- May 25, 8:15 p.m. June 26, 10 a.m. August 17, 8:15 p.m.

This section for **ADMINISTRATIVE USE ONLY**

Registration fee received \$ _____ Check # _____ Postmarked Date _____