

**Douglas County Catholic Home Educators
2018-2019 Co-op Enrollment Form**

DEADLINE TO ENROLL - Thursday, August 9th

Please enroll by August 9th to ensure your spot. New families after this date will be considered on a case-by-case basis.

Parent Name	
Mailing Address	
Email	
Phone(s)	
Parish	

___ Returning member

___ New Member: *All new members will need to follow-up with Sara or Laura in person or by phone before your enrollment can be confirmed.*

LIST ALL CHILDREN (INCLUDING INFANTS)

Name	Birthdate	Allergies and Medical Conditions (list typical allergic reactions, i.e. shock, vomiting, hives, etc.)

IN CASE OF EMERGENCY

Spouse Name & Phone number	
Pediatrician Name & Number	
Optional other contact and relationship	

SAFE ENVIRONMENT TRAINING

1. Have you had Safe Environment Training (full class or update) in the last 12 months? YES/NO
2. Where? When?

RESPONSIBILITIES

Each family/parent must take on a share of **classroom** and **financial** responsibility. Full-time volunteers are assigned a job for each of the four quarters (24 weeks). These jobs will likely vary each quarter and include only one teaching/planning intensive quarter. Part-time volunteers are assigned a job for two** of the four quarters (12 weeks). There is a \$50 supply fee per family. This fee is nonrefundable after the first class day. *Part-time volunteers will also pay a \$200 tuition fee to help offset costs.*

**Note: if you would like to join the co-op as a part-time volunteer but are unable to commit to teaching responsibilities for health or other reasons, please contact Sara or Laura to discuss other options.

Enrollment Fee (select one):

_____ Full-time volunteer: \$50/family

_____ Part-time volunteer: \$250/family (\$50 + \$200 tuition fee)

If you are registering as a part-time volunteer, mark the quarter you would LEAST like to volunteer. We cannot make scheduling guarantees, and we will follow up with you. Priority will be given to volunteer moms taking "maternity leave."

_____ 1st Quarter (**Sept.** 13th, 20th, 27th; **Oct.** 4th, 11th, 18th)

_____ 2nd Quarter (**Nov.** 8th, 15th, 29th; **Dec.** 6th, 13th, 20th)

_____ 3rd Quarter (**Jan.** 17th, 24th, 31, **Feb.** 7th, 14th, 21st)

_____ 4th Quarter (**Mar.** 21st, 28th, **Apr.** 4th, 18th, **May** 2nd, 9th)

Make your checks payable to "St. Francis of Assisi Catholic Church" with

Memo Line: Homeschool Ministry. Submit with this form to Sara Sefranek or Laura Dryer.

POLICIES AND EXPECTATIONS

I have read the Douglas County Catholic Home Educators (DCCHE) 2018-2019 Family Handbook. I agree to abide by the policies and expectations as presently listed or as may subsequently be amended. I understand that if anyone in my family violates the agreement, it may jeopardize our participation in the DCCHE Co-op, and that DCCHE reserves the right to deny participation to any student or family. I agree to be responsible for the behavior of the child(ren) in my charge. By signing this agreement and submitting my enrollment fee, I establish my family's enrollment in the DCCHE Co-op held at St. Francis of Assisi Catholic Church from September 2018 through May 2019. In case of an accident that results in injury to my children or myself, I agree to hold harmless DCCHE Co-op, and St. Francis of Assisi Catholic Church for any damages or medical care/expenses. I further agree to pay for any item that my child(ren) may damage or break on the campus of St. Francis of Assisi Catholic Church.

Parent Signature: _____ Date: _____

Administrative Use Only

Date of receipt: _____

Tuition received: CASH or CHECK Check # _____ Date Submitted to SFA _____