



Co-op Family Registration Form

Family Name _____ Did you attend Co-op last semester? _____

Father's Name: _____ Mother's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-Mail Address: _____

Is this your first year home schooling? _____

Child's name (first and last please)

Child's Birthday
____/____/____
____/____/____
____/____/____
____/____/____
____/____/____

Medical issues and/or drug allergies that we might need to know in an emergency situation:

Child's Name	Medical Issue(s) and/or Drug Allergies
_____	_____
_____	_____
_____	_____
_____	_____

Doctor's Name: _____ Number: (____) _____ - _____

I have read, understand, and agree to the policies contained within the FEAST Co-op Handbook. I am personally responsible to make sure my child understands and obeys these policies.

Notice: There is only a two week drop period. If you do not drop a class before the drop period, you are obligated for the entire semester's tuition, even if you are paying on a monthly basis.

Signed: _____ Date: _____

Office use only:

Registration paid (FEAST): \$90.00 _____ \$50.00 _____	Comments: _____
Class Payment(s) made (Teacher): Check _____ Cash _____	_____
Locker Payment(FEAST): \$15.00 X _____ = \$ _____	_____