

Registration and Payment due by Thursday, September 4, 2014

Mail Registration Form and Payment to:

**Roots & Wings Homeschool Co-op
5033 Victoria Road
Indianapolis, IN 46228**

Or, bring to our Ice Cream Social on Sept. 3

Make checks payable to **Roots and Wings**.

(Section 1: Children participating)

There is a flat Facility Use Fee of \$23.00 per family per semester in addition to the class fees listed below. Class fees are per semester, which includes two 5-week sessions in the fall.

Cost	Ages:	0 – 2	3 – 5	5 – 7	7 – 9	9 – 12	Teens
	10 am – 12:00 pm		\$4	\$24	\$23	\$22	\$25
12:45 pm – 2:15 pm		\$0	\$0	\$0 games	\$0 games	\$0 games	\$0 games
12:45 pm – 2:15 pm				\$4 book club	\$4 book club	\$4 book club	\$4 book club

	First and Last Name	Allergies or Food Restrictions	DOB	Class
Child 1				AM []
				PM []
Child 2				AM []
				PM []
Child 3				AM []
				PM []
Child 4				AM []
				PM []
Child 5				AM []
				PM []

(Section 2: Parent/responsible party)

Parent or responsible party who will be attending co-op classes with the child(ren):

Name		Home phone	
Address		Cell phone	
		Relationship to child(ren)	
Email			
Emergency Contact		Phone number	

(Section 3: Volunteering)

With any co-operative organization, participation by all members is essential. An adult from each family is required to volunteer before, during, and/or after class time. **You must volunteer for at least one job listed below if you would like your child(ren) to participate in co-op classes.**

- Please indicate your top three choices, 1 being your strongest preference, and we will arrange a volunteer schedule. You will be assigned according to need and hopefully preference.
- If you wish to be in different places for the 1st hour and 2nd hour, notate that to the side.
- Please indicate if there is anything that would specifically keep you from doing one of the jobs.
- We also need to know if you need a very specific job that will be the only one that will work for you (e.g., your 18-month-old will not stay with other adults so you will need to be in the 0-2 room).

AM	PM	
		0-2 Classroom Assistant
		3-5 Classroom Assistant
		5-7 Classroom Assistant
		7-9 Classroom Assistant
		9-12 Classroom Assistant
		Teens Classroom Assistant
		Pre-assigned Lead Teacher for _____ Class, _____ Hour, _____ Session
		Hall monitor (vacuums and cleans hall and makes sure children are where they need to be)

Additional Comments or Special Needs:

(Section 4: Notes)

I'm paying by: _____ check to Roots and Wings _____ cash

(Section 5: Payment – to be completed by Co-op Treasurer)

Class	# of Participants	Cost per Class	Facility Use Fee (per family)	Total Cost
			\$23	
		TOTAL		

Total Payment Received (Check or Cash) \$ _____

(Section 6: Consent)

I have read and understand, and agree to abide by the Class Guidelines & Expectations (which can be found on the Roots and Wings website). Additionally, I understand that once a child is registered, fees will not be reimbursed. All surplus monies will be added to the general co-op fund.

Signature

Date