

## Registration and Payment due by Tuesday, December 30, 2014

**Mail Registration Form and Payment to:**

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

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 three 5-week sessions in the spring.***

Cost	Ages:	0 – 2	3 – 5	5 – 7	7 – 9	9 – 12	Teens
	10 am – 12:00 pm		\$9	\$18	\$14.50	\$17	\$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):

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

**(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 1<sup>st</sup> hour and 2<sup>nd</sup> 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	
		<b>TOTAL</b>		

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