



MDHSA Cove Valley CO-OP

Parent Registration Form — Cove Valley Camp, 5357 Little Cove Rd, Mercersburg, PA

To provide a place and the opportunity for Christian teaching & fellowship along with wholesome and guided recreation in a Christ-like atmosphere without discrimination of age, sex, or race.

By completing and returning this form, you are making a **commitment** to participate in the MDHSA Cove Valley Co-Op and are agreeing to abide by the spirit of the doctrinal statement of MDHSA & Cove Valley Missions. In order for a family to participate at Co-Op, your MDHSA membership must be current* and at least one parent must register to teach or co-teach a class. First time attendees are only required to assist in classes.

***MDHSA Membership forms and fees should be mailed to MDHSA Membership, 32 W Main Street, #5, Waynesboro, Pa 17268. For more information on MDHSA Membership, contact Barb Snider at mdhsadmin@pa.net, or call 717-749-5767. The membership form and doctrinal statement are also available at the MDHSA website: www.mdhsa-pa.net.**

Co-Op Registration forms and fees must be returned by July 30th for fall semester. You must register for each 10 week semester separately. **Each weekly session** runs from 9:15am until 12:30pm. Class choices are offered for three periods for nursery, ages 2-3, 4-5, 6-8, 9-11, 12+. Class choices are offered for three 1 hour periods. This co-op session will run from September 9th through November 11th. **Class Choices** for all classes will be mailed out once the courses have been compiled based on the information collected from the Parent Registration forms.

If you have any questions or want more information please call Jonathan McConnell at (717) 328-3055 or email him at program@covevalleycamp.com.

PARENT INFORMATION

Parent's Name: _____ Phone: _____

Address: _____

Email: _____ Do you prefer e-mail or mail for updates.

To help us plan ahead, please list the **names** and **ages** of **ALL** children (including infants and daycare children) that you will be bringing to co-op. Please circle the level of co-op courses chosen for each child.

_____	Elem.	Jr./Sr.	_____	Elem.	Jr./Sr.
Name/Age			Name/Age		
_____	Elem.	Jr./Sr.	_____	Elem.	Jr./Sr.
Name/Age			Name/Age		
_____	Elem.	Jr./Sr.	_____	Elem.	Jr./Sr.
Name/Age			Name/Age		
_____	Elem.	Jr./Sr.	_____	Elem.	Jr./Sr.
Name/Age			Name/Age		

Please list any children with special needs and/or allergies _____

PARENT INFORMATION

Parent's Name: _____

Address: _____

Phone: _____ Email: _____

PLEASE CONTINUE ON REVERSE SIDE

REGISTRATION FEES PER FAMILY	Post marked before July 30th	Post marked after July 30th	Registrations till August 25
One Semester Only			
Co-op	35.00	45.00	
Is this your first semester at Co-Op School?	Yes	No	
Did you include your Co-Op Registration fee?	Yes	No	
Is your MDHSA membership current for this school year?	Yes	No	

Please send this form along with your check made out to the Cove Valley MDHSA Co-Op to:

JONATHAN MCCONNELL, 5357 Little Cove Rd, Mercersburg, PA 17236.

Contact Kim Travis at (717) 375-2662 or **ktravis476@aol.com** if financial difficulties interfere with paying the registration fee.

CLASS #1

Your Name: _____ is committing to teach/co-teach (circle one)

Co-Teacher or Helper requested: _____

Class: _____

Course Description: _____

Age range (circle) Nursery 2-3 yrs 4-5 yrs 6-8 yrs 9-11 yrs 12+

Fee (if any) _____ *All fees must be listed here in order to provide parents with accurate information.*

Minimum Number of students: _____ Maximum Number of students: _____ *(15 unless otherwise stated)*

Special Requirements: _____

Reading/Writing Required: (circle) Yes or No

Period Preference: (circle) 1st 2nd 3rd

Quizzes/Tests given: (circle) Yes or No

CLASS #2

Age range (circle) Nursery 2-3 yrs 4-5 yrs 6-8 yrs 9-11 yrs 12+

Area of interest _____

COMMITTEE MEMBERS

Denise Rine, Treasurer (717) 294-3610 dlrine@frontiernet.net

Jonathan McConnell, Host Representative (717) 328-3055 program@covevalleycamp.com

Kim Travis (717) 375-2662 ktravis476@aol.com

COMMITTEE USE ONLY: Verify MDSHA membership _____ Post Mark date: _____ Payment amount: _____ Payment Type: _____

COMMENTS: