

MDHSA CO-OP North Parent Registration Form

By completing and returning this form, you are making a **commitment** to participate in Co-Op North and are agreeing to abide by the spirit of the doctrinal statement of MDHSA. 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. Co-op starts Sept. 14th and meets every other Tuesday, ending May 2nd. In December there are no classes. Classes are from 9:15-12:30. Each class your child selects will have a small fee to cover supply costs.

***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 mdhsaadmin@pa.net, or call 717-749-5767.* The membership form and doctrinal statement are also available at the MDHSA website: www.mdhsa-pa.org.

Co-Op Registration forms and fees must be returned by July 1st. Class choices are offered for three periods for Pre-School/Kindergarten, 5-8's, 9-12's, 13 and up. There is also a nursery for infants and toddlers. **Class Choices** for all classes will be mailed out, in July, when the courses have been compiled based on the information collected from the Parent Registration forms.

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.

Name/Age	Name/Age
Name/Age	Name/Age
Name/Age	Name/Age
Name/Age	Name/Age
Name/Age	Name/Age
Name/Age	Name/Age

REGISTRATION FEE IS \$45 PER FAMILY

Is this your first year 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 \$45 check made out to MDHSA Co-Op North to:
 Aimee Dunlap, Committee Chairperson, 10633 Shale Road, Shippensburg, PA 17257 717-532-7536
aimingarrows@embarqmail.com

If financial difficulties interfere with paying the registration fee, Contact: Julie Wirth, Treasurer, 717-267-1833
 natkaynate@yahoo.com

COMMITTEE USE ONLY:

Verify MDSHA membership _____ Post Mark date: _____ Payment amount: _____ Payment Type: _____

COMMENTS:

Please indicate below the class you are committing to teach/co-teach. For your second class period, you are required to help in another class, but please indicate what age and/or type of class you would like to be assigned. **If you have attended at least one year of Co-Op,** we ask that you teach/co-teach a class so that we have enough classes to offer to students. If you need an idea for a class or have any questions, please contact a Co-Op committee member. **Please write your class description** so it can be used in the Student Registration Form. **If teaching a credit class, please provide a syllabus by the first week of Co-op. If you need help or have questions, please contact a committee member.**

If this is your first time attending Co-Op, you are not required to teach a class, however you will be asked to be a helper in 2 classes. Please make note as to any areas of interest that you would like us to consider in placing you. For example, please note any age preference as well as class type that interest you (i.e., language, math, social studies, science, arts, gym).

CLASS #1

ELEMENTARY JR./SR. HIGH SCHOOL CREDIT JR./SR. HIGH SCHOOL NON-CREDIT

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

Co-Teacher or Helper requested: _____

Class: _____

Course Description: _____

Age range (circle) Nursery 3-5 yrs 5-8 yrs 9-12 yrs 13+

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

Quizzes/Tests given: (circle) Yes or No

CLASS #2

Age range (circle) Nursery 3-5 yrs 5-8 yrs 9-12 yrs 13+

Area of interest _____

COMMITTEE MEMBERS

Aimee Dunlap, Committee Chairperson – 717-532-7536 or aimingarrows@embarqmail.com

Susan Montano 532-7142 or susansito@embarqmail.com

Cheryl Martin 530-9643 or rcmartin8@embarqmail.com

Julie Wirth- Treasurer 267-1833 or natkaynate@yahoo.com