



# 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 a class. First time attendees are only required to assist in classes.

*\*For a MDHSA Membership form and for mailing information, please visit the website ([www.mdhsa.pa.net](http://www.mdhsa.pa.net)) or contact the MDHSA office at [mdhsadmin@pa.net](mailto:mdhsadmin@pa.net), or call 717-749-5767.*

**Co-Op Registration forms and fees must be returned by July 1<sup>st</sup>.** Please be aware that Co-Op North is 1 semester of 15 weeks per year. It meets **every other week** beginning with the first Tuesday in September and running until the beginning of May with a Showcase on the 16th week. Each bi-weekly session runs from 9:30am until 12:00pm. *Three class periods are offered for students ages 3-4, 5-7, 8-10, and 11 & up. Nursery is provided for children ages 2 and under. Please enclose the yearly registration fee of \$45.00*

### PARENT INFORMATION

Parent's Name: \_\_\_\_\_

Please Print

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To help us plan ahead, please list the **names** and **ages** of **ALL** children (including infants and daycare children) that you will be bring to Co-Op.

\_\_\_\_\_  
Name/Age

\_\_\_\_\_  
Name/Age

\_\_\_\_\_  
Name/Age

\_\_\_\_\_  
Name/Age

\_\_\_\_\_  
Name/Age

\_\_\_\_\_  
Name/Age

\_\_\_\_\_  
Name/Age

\_\_\_\_\_  
Name/Age

Is this your first semester at Co-Op School?	Yes	No
Did you include your Co-Op Membership fee? <i>1-yearly semester of 16 weeks. \$45.00</i>	Yes	No
Is your MDHSA membership current for this school year?	Yes	No

**Please send this form along with your check made out to MDHSA Co-Op North and send it to:  
RACHAEL HUDSON, 466 NORTH FRANKLIN ST. CHAMBERSBURG, PA 17201**

Contact Julie Wirth, treasurer, (717) 267-1833 if financial difficulties interfere with paying the registration fee.

**Please indicate below the class you are committing to teach/co-teach.** For your second class period, you will either be assigned to help in another class or you may choose to design and teach a second class.

**If you have attended at least one semester 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.

**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).

**Goals and Objectives:** Many parents use the Goals and Objectives from co-op classes in their state required portfolios. Please be prepared to hand in your Goals and Objectives for each class you teach to the co-op committee by the 2nd week of co-op.

### CLASS #1

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

Co-Teacher or Helper requested: \_\_\_\_\_

Class: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Age range (circle)          Nursery          3-4 yrs          5-7 yrs          8-10 yrs          11+

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: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

Reading/Writing Required: (circle) Yes or No

Quizzes/Tests given: (circle) Yes or No

### CLASS #2—OPTIONAL

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

Co-Teacher or Helper requested: \_\_\_\_\_

Class: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Age range (circle)          Nursery          3-4 yrs          5-7 yrs          8-10 yrs          11+

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: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

Reading/Writing Required: (circle) Yes or No

Quizzes/Tests given: (circle) Yes or No

Rachael Hudson – 263-6986  
[hudsons@innernet.net](mailto:hudsons@innernet.net)

Aimee Dunlap - 532-7536  
[aimingarrows@embarqmail.com](mailto:aimingarrows@embarqmail.com)

Susan Montano - 532-7142  
[susansito@earthlink.net](mailto:susansito@earthlink.net)

Julie Wirth 267-1833  
Treasurer

**COMMITTEE USE ONLY:** Verify MDSHA membership \_\_\_\_\_ Post Mark date: \_\_\_\_\_ Payment amount: \_\_\_\_\_ Payment Type: \_\_\_\_\_

**COMMENTS:**