

MDHSA CO-OP South

Parent Registration Form — Five Forks BIC, Five Forks, PA

By completing and returning this form, you are making a **commitment** to participate in Co-Op South 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.

***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 December 10th for Spring semester. You must register for each 15 week semester separately. **Each weekly session** runs from 9:15am until 12:30pm. Class choices are offered for three periods for Pre-School, Kindergarten, 6-8's, 9-11's, 12 and up. Class choices are offered for two 1.5 hour periods for junior/senior levels. There is also a nursery for infants and toddlers. This co-op session will run from January 25th through May 10th, with no class on April 19th. **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. **PLEASE NOTE:** Our scheduling has changed—registration is due sooner so that the committee can get the class choice packets back to you sooner.

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.

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

REGISTRATION FEES PER FAMILY	Post marked before December 10th	Post marked after December 10th	No registrations accepted after 12/14
One Semester Only			
Elementary Co-op	50.00	70.00	
Elementary and Jr./Sr. High Co-op	50.00	70.00	
Jr./Sr. High Co-op	50.00	70.00	
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 MDHSA Co-Op South to:
BARBARA WARD, Treasurer, 14134 Windy Haven Road, Smithsburg, MD 21783. Contact Barbara at (301) 824-3512 or ralph.ward@myactv.net if financial difficulties interfere with paying the registration fee.

ELEMENTARY CLASSES ONLY

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 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).

Please write your class description so it can be used in the Student Registration Form.

JR./SR. HIGH CLASSES ONLY

We are asking that you commit to teach or help with one class when joining this part of the co-op. This can be a class of any age level, including elementary classes. If you choose to teach a Jr./Sr. high course **please contact a committee member ASAP.**

CLASS #1

ELEMENTARY JR./SR. HIGH SCHOOL

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+ Jr./Sr.

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+ Jr./Sr.

Area of interest _____

COMMITTEE MEMBERS

Barb Ward, Treasurer (301) 824-3512 ralph.ward@myactv.net, Tammy Gift (717) 794-5043 mamakitty916@yahoo.com
Merri Tabor (717) 765-8041 hillhaven@pa.net, Kim Travis (717) 375-2662 ktravis476@aol.com

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

COMMENTS: