

Parent Registration Form for MDHSA Co-Op West

By completing and returning this form, you are making a commitment to participate in the MDHSA Co-Op West 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 mdhsadmin@pa.org, or call 717-749-5767. The membership form and doctrinal statement are available at the MDHSA website: www.mdhsa-pa.org.

Please return Co-Op Registration forms and fees by July 20th for fall semester. You must register for each **10-week** semester separately. Each weekly session runs from **9:15 am until 12:30pm**. Class choices are offered for three 1-hour periods for nursery, ages 3-5, 6-8, 9-11, 12+. This Co-Op session will run from **September 8th through November 10th**. **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 Denise Rine at (717) 294-3610 or email her at dlrine@frontiernet.net.

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

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

Registration Fee Per Family	Postmarked by 7/20	Postmarked after 7/20	No Registrations after 8/19
Co-Op Semester Fee	\$35.00	\$45.00	_____ Enclosed
Is this your first semester at a MDHSA Co-Op?	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 CV Co-Op to:
 Denise Rine, Treasurer, 1019 Licking Creek Road, Big Cove Tannery, PA 17212**

PLEASE CONTINUE ON REVERSE SIDE

TEACHER/HELPER/CLASS INFORMATION

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.

CLASS #1

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 6-8 yrs 9-11 yrs 12+ yrs
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 3-5 yrs 6-8 yrs 9-11 yrs 12+ yrs
Area of interest _____

COMMITTEE MEMBERS

Robin Appenzellar 717-261-1771 appenzel4@pa.net	Sarah Eshleman 717-328-5984 eshleman7@embarqmail.com	Denise Rine 717-294-3610 dlrine@frontiernet.net	Teresa Sollenberger 717-300-5245 tls@mris.com
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COMMITTEE USE ONLY: Verify MDSHA membership _____ Post Mark date: _____ Payment amount: _____ Payment Type: _____

Comments: