

S.O.A.R.
Co-op Registration Form
(Pre-K – 6th Grade)
2026-2027

Parents' Names: _____

Full Address: _____

Parent's Email: _____ **Parent's Cell:** _____

Emergency Contact Name: _____ **Relationship:** _____ **Phone:** _____

Student Information as of September 1, 2026

	<u>Co-op - Student Name</u>	<u>Age</u>	<u>Grade</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Co-op Student Fee: \$50/student per year with a \$150 cap for a family.

Other Info:

- Co-op will meet on Monday's from 9AM-Noon.
- Pizza Lunch will be available for purchase at noon.
- A parent or guardian is expected to be present during Co-op.
- Please see the website for the S.O.A.R Handbook and 2 pages to sign and return with your registration.

Please mail or email Registration Form and Student Fee to:

Solid Oaks Academic Resource

P.O. Box 22

Isle, MN 56342

Soarmn123@gmail.com

SOAR-MN.org