

COCHRANE HOME EDUCATORS

MEMBERSHIP REGISTRATION FORM

School year _____

<u>Family Information</u>	
Parent Name(s)	
Address	
Phone Number	Cell Number
Email Address(es)	

<u>Student Information</u>	
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:
Name:	Birthdate:

If you require more space to list students, please backside of this form.

<u>Emergency Contact Information</u>	
Name:	Phone Number:
Name:	Phone Number:

School Board:		
<input type="checkbox"/> Traditional	<input type="checkbox"/> Aligned	<input type="checkbox"/> Blended

Photo and Name Release	
I, _____, allow Cochrane Home Educators to use my student(s) name and/or photos in promotional material on the website and social media.	
_____	_____
Parent/Guardian Signature	Parent/Guardian Signature
<i>By not signing the above we understand and respect your choice and will not use any pictures or name identification when marketing our website and social media outlets.</i>	

Office use only: Registration Paid Y___ N___	Payment Method: _____	Receipt Issued: _____
\$50.00 per family CHE registration fee	<input type="checkbox"/> New to CHE	<input type="checkbox"/> Returning to CHE