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Parent	Nc	ıme	ls.

Phone Number(s)

Parent Email

Home Address

Emergency Contact &

Phone Number

weaknesses?

Special Medical

Considerations

Participant Information:

Child Name	Birthdate	Grade (25/26)

What extra curricular activities are your family involved in?

What are your child(ren)'s strengths &

## Family Application 30 30

Have you always homeschooled your child(ren)?

Have you ever participated in a community/co-op as a supplement to homeschooling your child(ren)? If so, please describe below.

Please describe any other related information that the community should know as it relates to your family's homeschooling.

This is a Christian community and we will be sharing God's word and encouraging parents to do the same. How would you describe your religious beliefs?

Do you plan to homeschool your child(ren) through high school?

How would you describe your homeschool philosophy?

What are your expectations for this community?