

Christiana Homeschool Academy

Registration Form

Names of Parents (or Tutor) _____

Mailing address _____

Home Number _____ Cell Phone _____

Email address _____

Emergency Contact _____
(Name, relationship, phone number)

Social Security # (tutors only) _____

Health Issues/Concerns (tutors only) _____

Children Attending DOB Grade level Health Concerns/Allergies (if None, indicate)

Church _____

I understand that in order for the successful administration of this program, I will be expected to contribute and/or volunteer to the overall program. This does not apply to those who are tutors with no children attending. I understand that the facility used by CHA will not provide general liability coverage for this Academy or its members for claims that were the result of negligence. I will not hold program coordinators, leaders, or tutors responsible for damage, loss, or injury occurring to myself or my family members, or children in my care as a result of participation in this program.

Signature: _____ Date: _____

Non-refundable registration fee of \$300 (\$100 will be applied to the first month's tuition) must accompany this registration form.

I would be interested in teaching next year. Yes _____ No _____

If yes, I have an interest in teaching _____ (Subject) _____ (Grade)

I would be interested in working in the nursery. Yes _____ No _____

I give my permission for my child(ren) to be included in photographs that may be used on the CHA website, or other presentations to the public. Yes _____ No _____

Please list the license plate # , make and color of your primary vehicle: _____