



TC Cooperative

Registration Number _____

**THURSDAY CONNECTION COOPERATIVE
Spring 2012
NEW FAMILY REGISTRATION FORM**

Family Name: _____ Mom: _____ Dad: _____

Address: _____ City _____ Zip _____

Phone: Home _____ Cell (Mom) _____ Cell (Dad) _____

E-Mail Address: _____ Emergency Contact: _____

Who is allowed to pick up your child/children? _____

Do we have permission to release your contact info to other Thursday Connection Families? _____

Please list the names of your students below:

Child's name: _____

Child's name: _____

Child's name: _____

Child's name: _____

Registration fee: \$40 per semester. Insurance is due with registration-\$5 per child per year. Parking Permit fee is \$5 to obtain permit. Make check for registration fee, insurance, and parking permit payable to Thursday Connection. (This may all be in one check, just make a note on the memo.) Make tuition/ materials fees payable to each teacher.

Signature

Date

Check all that apply:

- _____ I am willing to give more than my 16 hours volunteer time to help TC, as needed.
- _____ I am interested in teaching a class at TC.
- _____ I am interested in participating on a team that organizes and serves lunches at TC.
- _____ I am available as a substitute teacher and may be called to work for a teacher who is suddenly unavailable.
- _____ I am available to work the volunteer shifts of another parent at **\$8.75** per hour.
- _____ I am willing to donate money to TC toward a scholarship or a financially needy student's tuition.
- _____ I am interested in helping the Fund Raising Coordinator arrange events/projects.
- _____ Other (Please list) _____

BOARD MEMBER TAKING APPLICATION: PLEASE CHECK AND INITIAL

- _____ Financial Coordinator initial showing all previous fees have been paid.
- _____ Volunteer Hours signed off by volunteer coordinator or check attached for paid shifts.
- _____ Parent/Student Contract read/signed/attached.
- _____ All registration/insurance/tuition/materials fees collected.

DATE ACCEPTED _____