

Last Name: _____



Application 2010-2011

1. **Mark appropriate box at right:** New Renewing Info Changed? Yes No

*If renewing, and your information has changed, mark "Yes" and fill out only the information that has changed.
If renewing and none of your information has changed, mark "No" and fill out only your first and last name.*

2. **Do you plan to participate in a support group?** Yes No

Descriptions of current Support Groups are listed on the LCHC website, www.longmont-chc.org.

Which one(s):

- B.U.I.L.D Deuteronomy Six Foundations Northern Lights

3. **Do you participate in any of the following?** (please check all that apply)

- COVA Master's Hand Options Other _____
enrichment
program

4. **Determine Membership Fee:**

- \$ 8.00 Member (includes e-mailed Co-op Newsletter and using Co-op group e-mail list)
\$ 5.00 Fee for advertising family business in annual directory and monthly newsletter (assessed per business;
homeschooled child's business free)
\$ _____ Extra to help support the Longmont Christian Homeschool Co-op (to be used to pay fees for
advertising, updating, web hosting, those unable to afford the Co-op membership fee, copies and
postage to send information to new homeschoolers, etc.)
 We wish to be members, but we cannot afford the fee.
\$ _____ Total Amount

5. **Make Check Payable to:** Longmont Christian Homeschool Co-op

6. **Send Completed Application and Fee to:**

Longmont Christian Homeschool Co-op
PO Box 6674
Longmont, CO 80501
ATTN: Application Processor

For office use only: Date rec'd. _____ Check number _____ Amount _____ Donation _____ Business _____

Family Information

Father: Last _____ First _____

Mother: Last _____ First _____

Guardian: Last _____ First _____

Address: _____ Apt. _____

City: _____ State _____ Zip _____ - _____

Phone: Home _____

Cell _____ E-mail (For Co-op E-mail List) _____

Note: If no e-mail is in the above blank, you will not be added to the Co-op e-mail list.

Children (if more spaces are needed, attach additional sheet)

<u>Last</u>	<u>First</u>	<u>Date of Birth</u>	<u>Grade in 2010-11</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Information for Business Directory – complete this section if you wish to be included. If you have more than one business, attach additional sheet. See assessed amount under "Membership Fee" above.

Business Name: _____

Business Owner: _____ Child _____ Adult _____

Address: _____ City: _____

Phone: _____ E-mail: _____

Brief description of business service: _____

Mentor Program

(for persons new to the area or to homeschooling who would like an experienced homeschooler to contact them regularly for a few months)

_____ I would like to **have** a mentor

_____ I would like to **be** a mentor