

Grace Home School Membership Fees Form

Section 1 (Regular Fees)

Support Group & Website Membership (\$7.50 per family per year)	\$
Safe-Kids Fingerprint Fee (\$40.00 per adult bi-annually)	\$
FPEA (\$18.00 optional per year) Current FPEA # _____	\$
Co-op \$10/child; \$30 max/family	\$
Parent Name:	
Address:	
Phone #	
Email:	
# of Child(ren) _____ Name(s) of Child(ren):	

Section 2 (Class Supply Fees if Required)

Name of Child	Name of Class	Class Fee
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Subtotal Section 1		\$
Subtotal Section 2		\$
Total		\$

Please Make Checks Payable to GWOC

Grace Homeschool Co-op For Office Use Only

Parent Name:		Phone #
Fingerprint Appointment Date:	Time:	Fingerprints processed by:
Date Paid:	Cash () Check #	Approved: Yes () No ()
Processed by Support Group:		