

**CORNERSTONE CALVARY CHAPEL HOME EDUCATION GROUP
2009-2010 REGISTRATION FORM**

(Mail your signed form with check of \$20.00 made out to Cornerstone Calvary Chapel with
CHEG registration marked in the memo section of the check to:
Cornerstone Calvary Chapel, 6550 Route 9 South, Howell, NJ 07731 Attn: CHEG)

Official Use Only: Check #: _____ Cash: _____

Please PRINT Clearly!!

PARENT(S) NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (home) (____) _____ (cell) (____) _____

EMAIL: _____

On our website a list of current members is available as a means of communication and an opportunity to connect with those in your community. The street address is kept confidential and private . All other information is not to be given to anyone outside of CHEG. (See privacy options on website)

CHILDREN'S NAMES <u>(include all)</u>	AGE	M/F	HOMESCHOOLED (YES/NO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOW MANY YEARS HAVE YOU BEEN HOMESCHOOLING? _____

DO YOU BELONG TO HSLDA (Home School Legal Defense Association: www.hslda.org ?) _____
IF NO, DO YOU PLAN TO JOIN? _____

NAME OF CHURCH PRESENTLY ATTENDING*:

**If other than Cornerstone Calvary Chapel, please enter the church information below:*

CHURCH ADDRESS:

CHURCH PHONE: (____) _____ PASTOR'S NAME: _____

I have carefully read the Statement of Faith of Cornerstone Calvary Chapel. I understand that this is the basis upon which the Home Education Group is formed and will function. I release Cornerstone Calvary Chapel and the Home Education Group of any responsibility for my family while attending any group function.

SIGNATURE: _____ DATE: _____

Registrations will not be accepted without a signature

<p align="center">Subscribe to online membership at www.homeschool-life.com/nj/cheg for newsletter, calendar of events and online forum.</p>

Parent Questionnaire

Name: _____

1. Would you be interested in having your child(ren) take part in the Stanford Achievement test at the end of the school year?

Yes _____ No _____

What grades would be tested? _____

Would you be available to be a tester? (must have a 4 year college degree)

Your children do not have to be tested for you to be a tester.

Yes _____ No _____

2. What needs would you like the CHEG group to provide for your family?

3. What gifts/talents can you bring to enrich the CHEG group?

3. Would you consider being a participant in any of the following activities?

	Yes	No
Kick-off for school year (usually end of August/beg. Sept.)	_____	_____
Coops	_____	_____
Talent Night	_____	_____
Making the Grade (end of the year banquet & recognition night)	_____	_____
Set up at monthly meetings	_____	_____
Break down at monthly meetings	_____	_____
Thanksgiving celebration	_____	_____
Resurrection celebration	_____	_____
Valentine celebration	_____	_____
Christmas caroling	_____	_____
Christmas play (drama)	_____	_____

Other (explain): _____

4. Would you be interested/available to come to a planning meeting for 2010-2011 in the month of March?

Yes _____ No _____

Other ideas or comments about the new year or last year: (use back)