

MANHEIM AREA CHRISTIAN HOMESCHOOL
ATTENDING WITHOUT A PARENT: CLASS REGISTRATION FORM

Parent(s) name(s) _____
 Address: _____
 Email Address: _____ Student Email Address: _____
 Phone number: _____ Cell Phone: _____
 Church Fellowship: _____
 Student name(s) and grade(s) _____

Please note *Study Hall*, rather than leaving the slot blank.

	Class Name	Class Name	Class Name
9:00-10:00			
10:00-11:00			
11:00-12:00			
LUNCH (12:00-12:30)			
12:30-1:30			
1:30-2:30			

I am a returning student, have visited MACH, or had an interview. Yes ___ No ___

We have read the Statement of Faith, Regulations and Policies, Dress Code, Student Conduct Contracts, Disciplinary Policy, Consequential action for Misconduct, and Grievance Policy which are all listed under Member Guidelines. We understand and believe that MACH will further the goals we have for our family in the areas of spiritual, physical, and academic growth. We realize failure to comply with these standards will cause the loss of privilege to continue participation at MACH.

MISSED HOMEWORK POLICY: All work missed due to sickness or an excused absence must be made up by the following Tuesday. The work that was missed, in addition to the current assignment due for that week, is to be handed in the week following the missed class. No credit will be given for work turned in later. A "0" will be given for that assignment.

CLASS DISMISSAL: Students will be placed on disciplinary probation when he or she accumulates three "O" grades for assignments in any and all classes student is currently enrolled in. Additional incomplete assignments will result in loss of privilege to continue attending MACH for the remainder of the school year.

Movies, videos, and DVD's presenting great works of literature or historical documentaries are an instructional tool and an integral part of our curriculum. A decision to show a movie, etc., does not mean that all the content is endorsed. Class time taken to show a movie, etc., will be because you will benefit from it. Efforts will be taken to ensure that the content is appropriate for you and for a Christian school.

Parent: _____	Date: _____
Student: _____	Date: _____
_____	Date: _____
_____	Date: _____

Fees: *\$190/Class fee/per class (unless otherwise specified)– Paid 1st week of Co-Op
(Teachers may have additional class fees for copies, materials, etc.)
(Class fee will be by check written to teacher and paid 1st week of Co-Op)

*\$80 Facility fee/ per class– Paid to MACH and submitted with this form
(For one-semester classes, fee is \$35 for Fall, \$45 for Spring)
(Maximum facility fee of \$380/ family / year)

*\$25 CHALC membership fee–Paid to MACH and submitted with this form

*Note: The facility fees, class fees, and CHALC membership fees are non-refundable.

Please submit this form, Facility Fee, and CHALC fee to:

Vicky Goodman
241 Watercress Lane
E-town Pa, 17022