

MACH Member Contract Form

FAMILY DUES (non-refundable) for 2024-2025 are:

\$345 for current, returning families if paid by April 16, 2024 (CHALC fee is waived for returning members)

Dues for returning families:

\$370 if paid April 17 - May 31, 2024

\$420 if paid June 1 - June 30, 2024

Dues for new families:

\$400 if paid April 17- May 31, 2024

\$450 if paid June 1 - June 30, 2024

PLEASE INCLUDE PAYMENT WITH THIS FORM. Please make checks payable to MACH.

IN ADDITION TO PAYMENT, YOU MUST INCLUDE YOUR CURRENT:

- Recognizing and Reporting Child Abuse Certificate of Completion

(https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_tab_group_id= 91 1)

- PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE CERTIFICATE (<https://www.compass.state.pa.us/cwis/public/home>)

- PA CRIMINAL RECORD (<https://epatch.state.pa.us/>)

- Disclosure Statement Application For Volunteers (for those who do not need FBI Criminal History Report)

(http://keepkidssafe.pa.gov/cs/groups/webcontent/documents/document/c_160267.pdf)

- AN FBI CLEARANCE CERTIFICATE (if <10 year PA resident) (<http://www.pa.cogentid.com/index.htm>)

Please sign and return to:

Sara Gantz

1474 Hossler Road

Manheim, PA 17545

I have read and understand the Statement of Faith, Regulations and Policies, and the Parent Contract, and have reviewed the Student Conduct Contracts with my children. I am committing to 28 weeks of co-op involvement; being present every week, and teaching/helping as needed.

Husband _____ Wife _____ Date: _____

Children Grades 1 to 12

I have read and understand the Student Conduct Contract and Dress code. I agree to behave according to these rules of conduct. I understand that if I fail to comply with these standards, I may lose the privilege of participating in MACH.

Please list the names, grades, and birthdays of your children attending MACH (Nursery to grade 12):

Do any of your children have any allergies to food or other? Please list. Please convey this to your children’s teachers as well.

Husband and Wife Names:

Mailing address:

Phone Number:

Cell Number:

Email Address:

Office Use: Date _____ Amount paid _____ Check # _____ Or Cash _____