

FAMILY DUES for 2011-2012 are:
\$200 for returning families if paid by April 13
\$225 April 14-June 1
\$250 if paid June 2- July 31.

PLEASE INCLUDE PAYMENT WITH THIS FORM. Make check payable to MACH.

Please sign and return to:
Sue Snavelly
13 Hallmark Drive
Lititz PA 17543

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.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and grades of your children attending MACH (Nursery to grade 12)

~Please include birthdays for children Nursery through Kindergarten.

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

Teaching Preferences: What age groups, and what classes (history, science, gym, literature/ writing) are of most interest to you?

What other interests/talents do you have that might benefit the group?

Husband and Wife Names:

Mailing address

Phone Number

Cell Number

Email Address

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