

Black Homeschoolers of Central Florida Registration

Print Family Name _____

20 ___ - **20** ___ Parent/ Guardian Information

Primary Parent/ Guardian

First Name _____ Relationship to student (s) _____

Last Name (if different than family name)

E-mail Address _____

Postal Address _____ City: _____ Zip: _____

Phone: Home (_____) _____ Cell (_____) _____

Secondary Parent/ Guardian

First Name _____ Relationship to student (s) _____

Last Name (if different than family name)

E-mail Address _____

Postal Address _____ City: _____ Zip: _____

Phone: Home (_____) _____ Cell (_____) _____

Emergency Contacts (even if you plan to always be with your children)

#1: Last Name _____ First Name _____

Relationship to student(s) _____

Phone: Home (_____) _____ Cell (_____) _____

#2: Last Name _____ First Name _____

Relationship to student(s) _____

Phone: Home (_____) _____ Cell (_____) _____

Children

Black Homeschoolers of Central Florida Registration

#1: First Name _____ Last Name _____

Birthdate _____ Grade _____

Please List any allergies: _____

Please indicate any special needs of which teachers/group should be aware: _____

#2: First Name _____ Last Name _____

Birthdate _____ Grade _____

Please List any allergies: _____

Please indicate any special needs of which teachers/group should be aware: _____

#3: First Name _____ Last Name _____

Birthdate _____ Grade _____

Please List any allergies: _____

Please indicate any special needs of which teachers/group should be aware: _____

#4: First Name _____ Last Name _____

Birthdate _____ Grade _____

Please List any allergies: _____

Please indicate any special needs of which teachers/group should be aware: _____

#5: First Name _____ Last Name _____

Birthdate _____ Grade _____

Please List any allergies: _____

Black Homeschoolers of Central Florida Registration

Please indicate any special needs of which teachers/group should be aware: _____

#6: First Name _____ Last Name _____

Birthdate _____ Grade _____

Please List any allergies: _____

Please indicate any special needs of which teachers/group should be aware: _____

Year you started Homeschooling: _____

Family Business/ Services: _____

Please indicate your gifts, talents, or willingness to teach so that the board can effectively utilize your strengths for the upcoming school year. For example, "I would be interested in teaching a music lesson. My area of interest is fine arts." However, there is no pressure to teach or agree to any task if not interested: _____

Annual membership Fee (per household) = \$75 payable to Black Homeschoolers of Central Florida, Inc. This covers basic group expenses throughout the school year. Fee will not be prorated for those who join after the start of the school year.

Memberships are yearly and expire May 31st of every year. If you are a current member and your info has not changed in the past year, just fill out the waiver and release forms with your \$75 membership fee.

____ First time registration ____ Renewal ____ Check/ Cash ____

Parent Print Name: _____ Signature: _____

Board Member Name: _____ Signature: _____

Date: _____