

# HERITAGE HOMESCHOOL SUPPORT

## Early Learners Co-Op Program 2024 – 2025

NEW FAMILY APPLICATION

Date: \_\_\_\_\_

FAMILY LAST NAME: \_\_\_\_\_

FATHER \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

MOTHER \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CHILDREN LIVE WITH: BOTH PARENTS \_\_\_ MOTHER \_\_\_ FATHER \_\_\_ LEGAL GUARDIAN \_\_\_ OTHER \_\_\_

CHURCH YOU ATTEND \_\_\_\_\_ Member? Yes \_\_\_ No \_\_\_

CHURCH RESPONSIBILITIES/ROLE/INVOLVEMENT

\_\_\_\_\_  
\_\_\_\_\_

HOW OR FROM WHOM DID YOU LEARN ABOUT HERITAGE EARLY LEARNERS CO-OP PROGRAM?

\_\_\_\_\_

WHY DO YOU WANT TO SEND YOUR CHILD(REN) TO HERITAGE EARLY LEARNERS CO-OP PROGRAM?

\_\_\_\_\_

\_\_\_\_\_

WHEN YOUR CHILDREN ARE SCHOOL AGE, WILL YOU CHOOSE TO HOMESCHOOL? WHY OR WHY NOT?

\_\_\_\_\_

\_\_\_\_\_

CHILDREN WHO WILL BE ATTENDING THE EARLY LEARNERS CO-OP PROGRAM?

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ K? \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ K? \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ K? \_\_\_\_\_

OTHER CHILDREN WHO WILL BE ATTENDING WITH YOU?

\_\_\_\_\_ AGE \_\_\_\_\_ \_\_\_\_\_ AGE \_\_\_\_\_

**COMPLETE EACH SECTION OF QUESTIONS FOR EACH CHILD YOU WISH TO ENROLL**

**CHILD 1:**

- 1. Have you observed particular learning styles/strategies that your child prefers? If so, what are they?**

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- 2. Have you assessed your child's learning styles? If so, what have you determined?**

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- 3. Have you observed any particular learning or behavior struggles in your child? If so, what are they?**

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**CHILD 2:**

- 1. Have you observed particular learning styles/strategies that your child prefers? If so, what are they?**

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- 2. Have you assessed your child's learning styles? If so, what have you determined?**

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- 3. Have you observed any particular learning or behavior struggles in your child? If so, what are they?**

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**CHILD 3:**

- 1. Have you observed particular learning styles/strategies that your child prefers? If so, what are they?**

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- 2. Have you assessed your child's learning styles? If so, what have you determined?**

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- 3. Have you observed any particular learning or behavior struggles in your child? If so, what are they?**

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**EARLY LEARNERS CO-OP PROGRAM GUIDELINES:**

**Please initial each statement in agreement with its contents.**

\_\_\_\_\_ 1. I/We understand the Heritage Early Learners Co-Op is led, taught, and administered by parents who are not trained/licensed teachers or administrators.

\_\_\_\_\_ 2. At least one parent is required to be background checked and remain on the TFH campus during the Heritage Early Learners Co-Op program. If both parents will alternate bringing their children to the Co-Op, both parents must be background checked.

\_\_\_\_\_ 3. Parents are responsible for checking on their children during the program, escorting and assisting them in the bathroom, and providing snacks and water for their children. Children may not be assisted in the bathroom by anyone who is not his/her parent.

\_\_\_\_\_ 4. If a younger child needs to be nursed during the time of the program, we ask the mother to do so discreetly or use our Nursing Mom’s Room. The Clubhouse Room will be available as a Nursing Mom’s Room. Children other than the ones being nursed are not allowed to be in the Clubhouse.

\_\_\_\_\_ 5. The Father’s House Building C is a NUT FREE ZONE.  
 ▪ “NUTS” includes peanuts and all tree nuts; nut milks; nut milk & nut flavor creamers; foods that include nuts, nut oils or butters;  
 ▪ “NUTS” does not include coconut products; soy products; sunflower, pumpkin, and sesame seed products.

\_\_\_\_\_ 6. Each family is asked to sign up to bring supplies as needed for the classes. Teachers will post supply lists for what will be needed for the next month.

\_\_\_\_\_ 7. Each parent is asked to fulfill “Parent on Duty” responsibilities on a rotation basis and will include supervising the building exteriors and hallways, assisting in classes, assisting with movement of children between classes, as well as monitoring/following safety protocols for bathroom use by adults and children.

\_\_\_\_\_ 8. Monthly enrollment fees are due no later than the first day of class in that month. Payment can be cash, check, or Venmo. Monthly fees are \$40 for the first child, and \$25 for each additional child.

\_\_\_\_\_ 9. The Fathers House agrees that the Parents and their Children may use such of The Fathers House’s property or premises as The Fathers House may from time-to-time designate for the purposes of the Program. The Parents agree to protect, indemnify and save The Fathers House, the managing members, and the parents harmless from and against any and all cost (including reasonable attorney's fees) and liability of whatsoever nature arising from the use and occupation by the Parents and their Children of The Father House’s premises, including, without limitation, any claim, liability, loss, or damage of any kind, including possible COVID-19 exposure. Parents agree to be responsible for their children’s medical expenses, whether they have private insurance or not. Heritage Homeschool Support LLC has purchased a one million dollar insurance policy to cover any unexpected accidents.

**PARENT SIGNATURES:**

\_\_\_\_\_ DATE: \_\_\_\_\_  
Father

\_\_\_\_\_ DATE: \_\_\_\_\_  
Mother

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Name: \_\_\_\_\_

Are you interested in co-teaching in the Heritage Early Learners Co-Op program? YES NO

Which subject(s) are you interested in teaching? \_\_\_\_\_

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