

HERITAGE HOMESCHOOL SUPPORT
Early Learners Co-Op Program 2025 – 2026

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? Y or N

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_____ DATE OF BIRTH _____ AGE _____ K? Y or N

OTHER CHILDREN WHO WILL BE ATTENDING WITH YOU?

_____ AGE _____ AGE _____

OTHER CHILDREN ENROLLED IN OTHER HERITAGE PROGRAMS?

_____ PROGRAM _____ PROGRAM _____

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?**

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

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

CHILD 2:

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

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

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

CHILD 3:

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

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

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

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. 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.

_____ 5. 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.

_____ 6. 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 \$60 for the first child, and \$30 for each additional child.

_____ 7. 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:

Father

DATE: _____

Mother

DATE: _____

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Name: _____

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

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