

New Family Application Adventures in Christian Teaching and Service (ACTS)

Family Last Name: _____ Home Church: _____

How did you hear about ACTS? (If a friend referred you please include their name):

How long have you homeschooled?: _____

ACTS is a parent participation program. Every parent agrees to play an active role while their child(ren) is/are in class. Which parent will be serving? _____

Please indicate any specific skills or strengths that you feel would benefit our co-op families:

As we continue to grow we constantly need to evaluate each family and their specific needs: Some families have blended homeschool/non-homeschooled (ie public schooled) children in their families, others have nursery aged siblings that need care while older students take classes.

Please indicate ALL children in your home as well as your intentions with each child regarding their attendance to ACTS.

Name	Age	Grade	Homeschooled?	How long?	Will they attend ACTS?

Signed by (Name) Date