

Application for MArCH Enrichment Co-op

Date Rec'd _____ Payment Rec'd _____

Testimony Received _____ Ref. Checked _____

MArCH Member _____ Semester In _____

Family Last Name _____ Phone _____

Mother's Name _____ Father's Name _____

Address _____ City, Zip _____

Email _____ How frequently do you check your email? _____

In order to save time and maximize effective communication between members, we communicate almost exclusively through email; therefore, checking your email every few days is critical to joining MArCH.

Are you a MArCH member? Yes or No _____ Date membership paid _____ Amount paid online _____

Church You Attend _____ Phone Number _____ Pastor's Name _____ Years Home Schooling? _____

Do you have a personal relationship with Jesus Christ and have you received eternal salvation through Him alone? (Yes or No) _____

Date of salvation experience _____ (Include and email a brief testimony of your salvation experience on a separate page)

Mom & each child's name **as you would like them to appear on nametags** (include nursery and preschool children) *current school year

Name	Grade*	Birthdate	Name	Grade*	Birthdate
MOM:					

Parents' talents/experience/hobbies/gifts that can benefit MArCH families and help identify resources & strengths for the co-op (use 2nd page if necessary).

I understand that every family must work/serve every hour their children attend co-op.

I also understand that one parent must stay on site during co-op hours. In addition to assisting in class, I would like to serve in the following areas:

_____ Teach or co-teach _____ Clean-up, after last hour class until complete _____ Set-up, 8:00 am on Friday _____ Lunch Crew Serve or Clean Up (at end of children's day.)

How many hours do you plan to attend MArCH? _____ 3 of 5 classes is the minimum requirement; preference will be given to families who stay 4-5 hours.

Classes you would be interested in teaching: _____

Grade levels you feel comfortable teaching: _____ Nursery _____ Preschool _____ K-2 _____ 3-5 _____ 6-8 _____ 9-12

Classes or areas you have taught or been involved with in another co-op or elsewhere:

Are or were you involved in another co-op? _____ Yes _____ No If yes, include name, location, & director's name, current email, & phone:

(References are required, families that you know from MArCH are preferred, and a written recommendation may be requested)

Academic References: Work, Volunteer, Co-op persons you've served/taught with (please include name, e-mail & phone number)

Spiritual References: Pastors, Bible Study Leaders, those who know your walk with the Lord (please include name, e-mail & phone number)

SIGNATURE (okay to email without sig.) _____ Date _____

MAIL TO: Nela Painter – 4637 CR 862, McKinney, TX, 75071 **OR EMAIL APP TO:** waitlist@marchgroup.org

You must already be a MArCH Member to be considered for the waitlist. When this completed application, testimony, \$65 Non-refundable Facility Fee and agreement to abide by the Enrichment Handbook are received & MArCH membership is verified, you will be placed on the waitlist and emailed. **Submitting appl doesn't guarantee admission.**