

CENTRAL IOWA CHRISTIAN HOME EDUCATORS
Membership Registration Form

Parents names: _____

Birthdates: _____

Anniversary: _____

Address: _____

Phone: _____

Cell Phone: _____

E-mail: _____

I would like to serve on the following committee:

1st Choice _____ or 2nd Choice _____

<u>Child's name</u>	<u>Age</u>	<u>Grade</u>	<u>Birthday</u>
_____	-		
_____	-		
_____	-		
_____	-		
_____	-		
_____	-		

This information will be provided to our membership both in a directory format and on our group website with members-only access.

If you are a new member and are interested in information regarding fall educational coop opportunities, please check here _____ and a group member will contact you.

Membership registration and fees are **\$35.00** per family.
EARLY BIRD SPECIAL is \$25.00 if received before July 1.
Please mail form with check payable to CICHE:
CICHE, PO Box 65, State Center, IA 50247



CICHE
(CENTRAL IOWA CHRISTIAN HOME EDUCATORS)

Signed Statement of Agreement

Please check off each item and sign below if in agreement.

We are once again looking forward to serving together this year and pray that we will glorify our Heavenly Father as we train and disciple our children.

- _____ I have read the CICHE membership handbook.
- _____ I understand all that it contains, particularly what is expected of me as a member.
- _____ I understand and agree with the discipline policy.
- _____ I understand and agree with the waiver of liability.
- _____ I agree to fulfill my commitment of service by serving on a committee for a CICHE activity this year.
- _____ I understand, agree and will uphold the Statement of Faith.

OR

- _____ I understand but do not agree to the Statement of Faith. I will, however, respect these beliefs and conduct myself in speech and actions in a God Honoring manner at all CICHE activities. The reasons that I do not agree with this Statement of Faith are _____

Print Father Name _____

Signature _____ Date _____

Print Mother Name _____

Signature _____ Date _____