

CHOW 2009/2010 Registration

Parent(s) _____
Street Address _____
City/State/ZIP _____
Phone _____ Cell _____
Email _____

Name, date of birth, and grade of child(ren)

Are you new to CHOW or returning to CHOW? _____
How many years have you homeschooled? _____

What sorts of activities/speakers/information would you like CHOW to provide? _____

Which church do you attend? (optional)

Do any particular meeting times work well for you? _____

Registration fee is \$20 – please make checks out to Sheryl Arend

Treasurer:	Date	Amount	Check#
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