



## Family Information

20\_\_ - 20\_\_ School Year

Last Name: \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Children's Names	Date of Birth	Grade Level
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church home \_\_\_\_\_

I have read and understood the NHCH handbook. \_\_\_\_\_ (Initial)

Are you planning on attending co-op classes at NHCH? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you planning to use NHCH as your cover school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, who is your cover? \_\_\_\_\_

Are you a member of a homeschool legal defense? \_\_\_\_\_ Yes \_\_\_\_\_ No

Which group? \_\_\_\_\_ Member #: \_\_\_\_\_

Are there any allergies or medical conditions we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_