



JOIN THE REVOLUTION
OF RESPONSIBILITY
www.hchomeschooling.org



STUDENT APPLICATION FORM

Student's Name _____ Gender _____ Date of Birth _____

Home Address _____

City/ State/Zip _____

Age _____ Last Grade Completed _____ Homeschooling Style _____

PARENT/GUARDIAN 1

Name

Mailing Address

City State Zip

Work Phone

Cell Phone

Email

Special Needs

Allergies

Emergency Contact

Emergency Contact's Relationship to Student

PARENT/GUARDIAN 2

Name

Mailing Address (if different)

City State Zip

Home Phone

Cell Phone

Email

Concerns

Meds

Emergency Contact's Phone

Approved Pick-up Person(s)

FOR INTERNAL USE			Interviewed by: _____ on _____
<input type="checkbox"/> IEP/504 Plan	<input type="checkbox"/> Religion	<input type="checkbox"/> Newbie (<2 yrs.)	_____
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Teacher	<input type="checkbox"/> Veteran (3+ yrs.)	_____

What's your [HCHC Meetup](#) Member status? () Trial Member () Paying Member () Paid Member () Not a Member

Names and ages of primary student's sibling(s) _____

What are your reasons for joining a homeschooling cooperative? _____

Describe your child's personality and learning style: _____

What do you want the MOST from your co-op experience? _____

What other information can you share that will help us better serve your family?

HCHC depends upon its families to volunteer. What skills, interests, or expertise can you share with HCHC?

I'm prepared to:

Volunteer _____ hrs. per week Teach a co-op, enrichment class _____

How long do you plan to attend HCHC? (please circle one) **1 semester** **1 year** **2+ years** **Uncertain**

How long have you homeschooled? (please circle one) **< 1 year** **1 year** **2 years** **3+ years**

Do you plan to homeschool through high school? (please circle one) **YES** **NO** **UNCERTAIN**



3 EASY STEP Application Process:

1. **MAIL** to HCHC 11101 Resort Road, Suite #199 Ellicott City, MD 21042
2. **JOIN** the Howard County Homeschooling Meetup Group
3. **REGISTER** for classes listed in the course catalogue

HCHC is a private, non-profit corporation that admits students of all races, creeds, and national origin. We're committed to serving families who support home education, its values and philosophy.

Date Received: _____
Amt Received: \$ _____
Balance Due: \$ _____
Authorized By: _____

1) **TUITION/FEES:**

- ❖ Tuition costs range from \$80 - \$160/per semester for (1) one, 8-week course.
- ❖ A 25% late fee will be assessed on invoices 30 days past due.
- ❖ A \$30 service fee will be charged for returned checks.

2) **ADMIN FEE:**

- ❖ A non-refundable \$35 facility fee is required at the beginning of each semester.
- ❖ A non-refundable \$20 supplies/materials fee is required at the beginning of each semester.

3) **PROVISIONAL PERIOD:**

- ❖ HCHC uses the first (4) four weeks to determine if a student can excel in the learning environment.

4) **MEDICATION:**

- ❖ We encourage parents to administer medication to their child(ren) prior to school.

5) **LATE PICK-UP:**

- ❖ If you have an emergency and are unable to pick-up your child, please contact the school administrator at (240) 330-9063. You will be charged \$1.00 for each minute you are late.

6) **DISENROLLMENT:**

- ❖ HCHC reserves the right to un-enroll students for any violation of the [CODE OF CONDUCT](#).

7) **WITHDRAWAL:**

- ❖ Seven (7) day written notice must be submitted prior to a student's withdrawal.
- ❖ We do not pro-rate, refund or transfer tuition nor administrative fees.

8) **ABSENTEEISM:**

- ❖ Full tuition is due regardless of absenteeism.

9) **EARLY BIRD DISCOUNTS:**

- ❖ Use the following discount code: **HC15**
- ❖ Members receive **15% OFF** on payments made before July 1st.



My signature below indicates that I have read, understood and agree to the terms above:

Rayna Remondini – Director

DATE

PRINT STUDENT NAME

AGE

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE