

GALLATIN CHRISTIAN HOMESCHOOL CO-OP APPLICATION

Application can be sent to: gchcbozeman@gmail.com or GCHC 154 Knadler Dr. Bozeman, MT 59718

Mother's Name: _____ **Address:** _____

City/State/Zip: _____

Father's Name: _____ **Address (if different):** _____

City/State/Zip (if different): _____

Participating Parent: _____ **Home Phone:** _____

Cell Phone: _____

Email: _____

Emergency Contact: (other than Father or Mother)

_____ **Cell #:** _____

Student Name(s):

Date of Birth:

Age:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following questions are part of the membership process in order to provide a safe & secure environment for our children and youth. All information will be held strictly confidential. Thank you for your understanding.

- Has any family member ever been convicted of, or are currently under investigation for any sexually related crimes? **Yes** **No**
- Has any family member ever been convicted of or are currently under investigation for any abuse related crimes? **Yes** **No**

If you answered "yes" to any of the above questions, please explain:

Each semester one parent per family must:

- **Lead teach one class AND**
- **Lead teach OR assist in a second class**

Considering the age group(s) you enjoy working with and the subjects you find interesting (no need to be an expert), how do you see you or your spouse serving at GCHC? Please be specific.

Which **church** does your family attend? _____

Name of Pastor: _____ Denomination: _____

Please briefly share your **testimony** about when you began your personal relationship with Jesus Christ:

COMMITMENTS

In signing this application and submitting it for admission to GCHC, we understand that we are committing to Gallatin Christian Homeschool Co-op and all the terms outlined in the GCHC handbook.

To the best of our knowledge, all of the information and statements we have provided in this application are true. We also understand that admission of our family to GCHC is not guaranteed and must be approved by the Administrative Team.

In the event that we have to unexpectedly withdraw from GCHC, we will provide a detailed outline to the administrative team of any class we have committed to teach, agree to meet with the replacement teacher to assist in class planning and my \$50 deposit check will be cashed.

Signature of Mother or Guardian: _____ Date: _____

Signature of Father or Guardian: _____ Date: _____

(optional)

We have reviewed and agree to comply with the guidelines of the Etiquette Code and Honor Code outlined in the GCHC Handbook.

Signature of Mother or Guardian: _____ Date: _____

Signature of Father or Guardian: _____ Date: _____

(optional)

(5 and up only)

Signature of Student: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Student: _____ Date: _____

Signature of Student: _____ Date: _____

References: Please provide 3 names that we could contact. This could be a Pastor, Bible Study Leader, Ministry team member, Friend, etc

1) Name: _____ **Address:** _____
Relationship: _____ **City/State/Zip:** _____
How long you have known them: _____ **Email:** _____
Phone #: _____

2) Name: _____ **Address:** _____
Relationship: _____ **City/State/Zip:** _____
How long you have known them: _____ **Email:** _____
Phone #: _____

3) Name: _____ **Address:** _____
Relationship: _____ **City/State/Zip:** _____
How long you have known them: _____ **Email:** _____
Phone #: _____

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Admin Use only:

Interview Date _____	Additional Notes:
References Called <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Payment Received <input type="checkbox"/> <input type="checkbox"/>	