



FAMILY APPLICATION 2024-2025 CO-OP YEAR

FAMILY LAST NAME (Please print)

(This is the surname that your family will be listed under on the website.)

☐ HOME

Primary Contact Phone Number: ☐ CELL _____

Address: _____

City, State, Zip: _____

Primary Contact Email Address: _____

Home Church: _____

- ☐ I have read and agree to comply with the LHC Policy Handbook.
☐ I understand that we are obligated by Lighthouse Church, as a co-op body, to help clean up the Step-by-Step event in early December.
☐ I have a High School Senior graduating in 2025.
☐ I understand that my parent schedule may change after registration.

CHECK ALL THAT APPLY:

☐ New Member

☐ 2024-2025 Teacher or Teacher Coordinator

☐ LHC Current Member

☐ Returning Member

If checked, what year did you last attend: _____

☐ Board Member (past or present)

Check the box of the parent that will attend co-op weekly next year with their child(ren). (If both are attending, check both boxes.)

☐ MOTHER:

Name (first & last) _____ Nickname _____

☐ FATHER:

Name (first & last) _____ Nickname _____

CHILDREN you are registering for the 2024-2025 co-op year:

FIRST & LAST NAME	M/F	AGE (by 9/1/24)	GRADE LEVEL (for 2024-2025)	Check if enrolling in Running Start

Below for office use only:

\$40 Registration Fee: ____ (Cash) ____ (Check#) Board Table Attendant: Initials: _____ Date: _____