



FAMILY APPLICATION 2026-2027 CO-OP YEAR

FAMILY LAST NAME (Please print)

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

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 2027.
- ☐ I understand that my parent schedule may change after registration.

CHECK ALL THAT APPLY:

- ☐ New Member
- ☐ 2026-2027 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 2026-2027 co-op year:

FIRST & LAST NAME	M/F	AGE (by 9/1/26)	GRADE LEVEL (for 2026-2027)	Check if enrolling in Running Start

Below for office use only:

\$50 Registration Fee: ____ (Cash) ____ (Check#) Board Table Attendant: Initials: _____ Date: _____