

Application for MArCH Enrichment

For Enrichment Use Only: Date placed on list _____
 Date Appl. Recd. _____ MArCH Member _____
 \$50 fee recd, check # _____ Testimony included Y or N _____
 Permission/Release Form Rcd. Y or N References Ckd. _____

Family Last Name _____

Mother's Name _____ Father's Name _____ Phone _____

Address _____ City, Zip _____

Email _____ How frequently do you check your email? _____

In order to save time and maximize effective communication between members, we communicate almost exclusively through email; therefore, checking your email every few days is critical to joining MArCH.

Are you a MArCH member Yes or No _____ Date Membership Paid _____ Amount Paid _____ Check # _____

Church Affiliation _____ Pastor's Name _____ Years home schooling? _____

Do you have a personal relationship with Jesus Christ and have you received eternal salvation through Him alone? (Yes or No) _____

Date of salvation experience _____ (Include a brief testimony of your salvation experience on a separate sheet)

Mom's & each child's name as you would like them to appear on nametags (include nursery and preschool children) *current school year

<u>Name</u>	<u>Grade*</u>	<u>Birthdate</u>	<u>Name</u>	<u>Grade*</u>	<u>Birthdate</u>
MOM:					

Parents' talents/experience/hobbies/gifts that can benefit MArCH families and help identify resources & strengths for co-op.

(use 2nd page or back if necessary)

I understand that every family must work/serve every hour their children attend co-op.

I also understand that one parent must stay on site during co-op hours. In addition to assisting in class, I would like to serve in the following areas:

___ Teach or co-teach ___ Clean-up, after last hour class until complete ___ Set-up, 8:00 on Friday morning ___ Lunch Crew Serve or Clean Up

How many hours do you plan to attend MArCH? _____ 3 of 5 hours is the min. requirement; preference will be given to families who stay 5 hrs.

Classes you would be interested in teaching: _____

Grade levels you feel comfortable teaching: ___Nursery ___Preschool ___K-2 ___3-5 ___6-8 ___9-12

Classes or areas you have taught or been involved with in another co-op or elsewhere: _____

Are or were you involved in another co-op? ___Yes ___No If yes, include name, location & director's name, current email & phone: _____

(References are required, families that you know from MArCH are preferred, and a written recommendation may be requested)

Academic References: Work, Volunteer, Co-op persons you've served/taught with (please include name, e-mail and phone number)

Spiritual References: Pastors, Bible Study Leaders, those who know your walk with the Lord (please include name, e-mail and phone number)

SIGNATURE(okay to email with out sig.) _____ DATE _____

MAIL TO: Beth Rodarte, 4200 Primrose Dr., McKinney, TX, 75070

OR EMAIL: waitlist@marchgroup.org

You must already be a MArCH Member to be considered for the wait list. When this completed application, testimony, and \$50 Facility Fee (made out to MArCH Enrichment) are received, you will be placed on the waitlist. Submitting this application does not guarantee admission.