

Host: _____

Family Name to File Under: _____

Date Received: _____



Voyagers Homeschool Cooperative Wait List Registration Form

Before submitting this form, Prospective Members must visit Voyagers, preferably on the Coop Day they wish to register for. Visits are arranged by contacting info@voyagersinc.org.

VISIT DATE: _____

Primary Contact		Secondary Contact	
Parent/Guardian: _____	_____	Parent/Guardian: _____	_____
		<i>Contact Information if different from primary contact</i>	
Home Phone: _____	_____	Home Phone: _____	_____
Cell Phone: _____	_____	Cell Phone: _____	_____
Work Phone: _____	_____	Work Phone: _____	_____
Address: _____	_____	Address: _____	_____
_____	_____	_____	_____
E-Mail Address: _____	_____	E-Mail Address: _____	_____

Name of Each Child Who Will Attend	Year of Birth	Sex
1		
2		
3		
4		
5		

Coop Day Preference(s)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday

About you and your family

New to Homeschooling? _____ *Homeschooling since* _____

Voyagers is a cooperative, and each member is expected to contribute by doing one or more coop jobs. Please indicate what special contributions you would be able to share (hobbies, expertise in educational subjects, administrative or organizational skills, etc.).

Description/Ideas:

Signature: _____

Please mail this form to:

Voyagers, Inc.
530 Main Street
Acton, MA 01720
978-263-8425

More information about Voyagers and our registration procedures can be found at: <http://www.voyagersinc.org/Coop/RegFAQ.html>