



HARVEST
Homeschool Academy

FAMILY APPLICATION FORM

Please submit the completed application, signed statement of faith, signed last page of the handbook, and a non-refundable registration fee of \$160 by April 4, 2025.

Applicants will be contacted after applications are reviewed by the Leadership Team.

FAMILY INFORMATION

Family Name

Date of Registration

Parent Name

Parent Name

Home Phone

Cell or Work Phone

Home Phone

Cell or Work Phone

Email Address

Email Address

Address

Address

City, State, ZIP

City, State, ZIP

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Cell or Work Phone

Home Phone

Cell or Work Phone

Address

Address

City, State, ZIP

City, State, ZIP

List any of the families in our current group you know:

What are the ages of your kids (please provide their birth dates)? What grades do you consider them to be in this coming school year (as of 9/1/25)? Do any of them have any allergies or special needs we should be aware of?

Number of years homeschooling: _____

Describe your homeschooling philosophy.

What is your familiarity with Classical Education?

What draws you to Harvest Homeschool Academy?

Every parent teaches and serves in our co-op. List some areas in which you have training, experience, or interest where you would be willing to teach or serve. Please indicate your top three preferences for classes to teach.

Please share a testimony of your relationship with God, both when you came to know the Lord, as well as your current relationship.

Are you a member in good standing of a local church? If so, which one? If not, why not?

Have you or your spouse ever been convicted of a crime involving children, or are there any pending criminal charges awaiting a hearing in a court of law? If you answered yes, please describe all convictions, the date of occurrence, and the facts/circumstances involved.
