



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 3, 2026.

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	

Registration for: Thursday only _____ Thursday & Monday _____

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 9/1/21)? 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?
