

**Quiet Valley Homeschool Program Application**

[Office Use Only] Date Rec'd

<b>Parents Name:</b>			
<b>Address:</b>			
<b>Daytime Phone:</b>		<b>Evening Phone:</b>	
<b>Email Address:</b>			

<b>Emergency Contact:</b>		<b>Phone #:</b>	
<b>Medical Insurance Co.:</b>		<b>Phone #:</b>	

**Please list any allergies, medications or medical problems we should be aware of:**

**Please check activities for which you are interested:**

Barn & Smokehouse (boys)	Cabin (weaving, spinning), bake oven, well (girls)
Cellar Kitchen (open hearth cooking) (girls)	Small Animals (families)
One-Room Schoolhouse (families or indiv.)	Bedroom (girls)
Games (families)	
Demonstration Area (families with small children and indiv.)	

**An explanation of these activities will be provided at the orientation meeting. New participants who are unsure of their choices may make their selections at that time.**

<b>Participant's Name:</b>		<b>Age of Child:</b>	
<b>Activity Choices:</b>	1st Choice:	2nd Choice:	
	3rd Choice:		
<b>Day of the Week:</b>	1st Choice:	2nd Choice:	3rd Choice:
			<b>No Preference</b>

**Would you like to participate for:**  Full Session  2<sup>nd</sup> 5 weeks

<b>Are parents planning to stay and help during the program?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>If so, will they be accompanied by younger children?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**Please list the participant's public speaking experience, if any:**

**Please list the participant's volunteer experience, if any:**

**Please list other experience relevant to Quiet Valley's theme, if any:**