

Emergency Contact (in addition to parents):

First and Last Name: _____ Phone: _____

Relation to Child(ren): _____

Fees Due Per Family:

\$30 for 1 child

\$55 for 2 children

\$75 for 3 children

\$90 for 4 children

\$100 for 5 or more children

***Fees are waived for every child of a parent who coaches a Fall PE class.*

Please make checks payable to **Mother of God Community**. Please write “**MOGHM fees**” in Memo line.

If you wish to make a donation to this effort (thank you!), please write a separate check payable to Mother of God Community, with “MOGHM donation” in the Memo line. Donations are tax-deductible; fees are not.

Please mail your check(s) with both pages of this completed registration form to:

Mother of God Community

Attn: Homeschool Ministry

20501 Goshen Rd

Gaithersburg, MD 20879

Returned Check Policy: A \$25 fee will be charged for a returned check.

Cancellation Policy: Once a child's registration is complete (i.e., we have received your completed registration form and check), no refund can be given if the child withdraws from the class. Instead the canceled class fee will automatically be credited toward a future class. Or, at your request, you may opt to have the credit given to another family or the class fee converted to a tax-deductible donation.

I give my permission for my child(ren) (named above) to participate in Mother of God Homeschool Ministry PE classes. I understand that children will be well supervised, and I will not hold Mother of God Community, its employees or volunteers responsible if an accident should occur. By signing this I affirm that I and/or my spouse is a practicing Catholic or Orthodox Christian, that we are raising our children in the Catholic or Orthodox Christian faith, and that we are homeschooling the child(ren) whom we are enrolling.

Parent Signature: _____ **Date:** _____