

Knowledge House Learning Resource Center
A Ministry of Crossroads Christian Fellowship
New River, Arizona

REGISTRATION FORM

(Please Note: This information is for Knowledge House use only, to determine needs and plan future course offerings.)

Parents' Names _____
Street Address _____ City _____ Zip _____
Mailing Address (if different) _____
E-Mail (Important! This is our main means of communication.) _____
Home Phone _____ Work Phone _____ Cell Phone _____
Child's Name M/F Birth Date Grade Child's Name M/F Birth Date Grade

Church Attending: _____
(All are welcome- but for security reasons only Crossroads members will be able to have unlimited access.)
Homeschool Support Group Name: _____

How many years have you been homeschooling? 0-1 _____ 1-5 _____ 5-10 _____ 10-15 _____ 15+ _____
Do any of your children have learning disabilities/special needs? _____ Diagnosis: _____
What curriculum(s) do you use? (Please circle all that apply) _____ ACE _____ Abeka _____ AOP _____ BJUP _____ Calvert
_____ CLASS _____ Grace _____ K12 _____ Konos _____ Robinson _____ Saxon _____ Seton _____ S.O.S _____ Sonlight _____ Sycamore _____ Weaver
_____ Unschooling _____ Other (please specify) _____

Please check any subjects for which you would like to see classes, workshops, or other activities offered:
____ Elementary Arithmetic _____ Health/Safety/Nutrition _____ Computer Skills
____ Pre-Algebra/Algebra _____ Literature/Great Books _____ Science Fair
____ Advanced Mathematics _____ Arts & Crafts _____ Spelling Bee
____ Government/Economics _____ Art History/Appreciation _____ Geography Bee
____ Arizona History/Geography _____ Bible Study/Christianity _____ Math Competitions
____ American History _____ Creative Writing _____ Standardized Testing
____ World History _____ Grammar/Composition _____ CHSRC/Salt Seller Seminar
____ Patti Sepp's Geography _____ Phonics/Reading Readiness _____ Parenting/Family Issues
____ Astronomy/Telescopes _____ Music History/Appreciation _____ Special Needs
____ Science Experiments _____ Vocal/Instrumental Lessons _____ High School/College/Career
____ Earth Science/Geology _____ Foreign Language (_____) _____ New Homeschoolers
____ Biology/Botany _____ Drama/Performing Arts _____ Homeschooling Teens
____ Chemistry/Physics _____ Speech & Debate _____ Toddlers/Preschoolers
____ Other (please specify) _____

What is your greatest area of need in regard to homeschooling? _____

Please list any special talents, professional training, skills, resources, hobbies, spiritual gifts that you have: _____

Would you be willing to volunteer? YES _____ NO _____ MAYBE _____ Please check all areas of interest:
Library _____ Co-op Leader _____ Workshop Setup _____ Nursery _____ Database _____ Member Directory _____
Bookkeeping _____ Phone Contact _____ Publicity _____ Support Group Liaison _____ Book Sales _____
Bargain shopping for Resource Center items _____ Collecting donations of books/curriculum/supplies _____
Standardized Test Proctor _____ Scholastic Book Club _____ Elective Teacher _____ (Subject: _____)
Other (please specify) _____ Days & Times Available _____

Make check payable
to "Teri Ann Olsen."
Send application and
\$5.00 annual fee to:

Teri Ann Olsen
Knowledge House
807 E. Wild Field Dr.
New River AZ 85087

Do Not Write in This Space:
Date _____ Paid _____
Cash/Check (# _____)
Email _____ IDcard _____ Library _____

Donations of books, educational toys and other materials for the resource center are always appreciated.