

I have read and agree to abide by the PATCH by-laws.

Initial Here _____

Parents As Teachers In Christian Homes 2016-2017 Membership Form

Ck # _____
Amt _____
Dep Date _____
Fwd _____

Annual Dues: \$20.00*

(Please make checks payable to PATCH)

Send form and payment to:

PATCH c/o Kaylee Trammell, P.O. Box 403, Paducah, KY 42002

*PATCH Membership runs from August 1st to July 31st (No pro-rating)

Name

Last Name

Husband's First Name

Wife's First Name

School Name

Address

Street Address/P.O. Box Number City State Zip Code

Home Phone

Cell Phone

Email

Children & Age by Oct. 1st - If you need more room, please write on the back of form

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

How many years have you been homeschooling? _____

Please list all the curriculum you currently use:

Do you have a home business, owned business, or service?

Name of Business

Phone Number

*****VOLUNTEERING*****

PATCH volunteers make PATCH possible. What position would you like to volunteer for?

Is this your first year to join PATCH? O Yes O No

If this is your first year homeschooling, you are exempt from volunteering. However, all help is greatly appreciated!