



**First Class Cowlitz County, WA
Christian Homeschool Co-op
Winter/Spring 2010**

Prospective Class Application

For charter records and verification - do not send to National Office

Date	First Name	Last Name
Mailing Address	City	State, Zip
Home Phone	Mobile Phone	Email

Helpers or Assistants

Number of helpers needed: _____

Assistants you have already lined up:

Name	Phone

Group Level (Circle what is appropriate for your class)

- Age 4** = Monkeys **Age 3** = Kangaroos **Age 2** = Koalas **Littlest ones** = Bunnies
Ages 9-11 = Ages 9-11 **Ages 15+** = Ages 15+ **Ages 9-11&12-14** = Ages 9-11&12-14 **Ages 12-14 &15+** = Ages 12-14 & 15+
Age 5 = Raccoons **Ages 12-14** = Ages 12-14 **PARENTS ONLY** = PARENTS ONLY **Ages 13 -15+** = Ages 13 -15+
with mom = with mom **Ages 6-8** = Ages 6-8 **Ages 9-11&12-14&15+** = Ages 9-11&12-14&15+

Class Name: _____

Class description as it will appear in the catalog: _____

Number of Students: Minimum _____ Maximum _____
 (In the registration process we will make every effort to adhere to your set maximum)

Materials Fee:
 (If needed, you may charge a fee for student materials required fo your class)

Homework: (Circle amount required) **None** **<1hr/wk** **1-2hr/wk** **2-4hr/wk** **4+hr/wk**

Is there a prerequisite for this class? OR student qualifications/requirements needed to attend your class?

How many blocks each week will your class require? (1 block = 1hr) **1** **2** **3**

If your class is one block long, would you be willing to offer it for two blocks? **YES** **NO**

Additional Information/Requests: _____



**PO Box 1034 Longview, WA 98632 - 360-636-4739 - firstclasscowlitzcounty@yahoo.com
www.fchm.org/co-ops/us/wa/cowlitz**



AGREEMENT

If my class is approved then I understand and accept the following responsibilities:

1. To commit myself to the position of **TEACHER** for the First Class Homeschool Co-op.
2. To **NOT** teach anything that would be in direct conflict with the FCHM statement of faith (see below)
3. To notify the appropriate staff person two weeks prior to the start of classes if unforeseen circumstance arises to prevent me from teaching the above class.

**FCHM
STATEMENT OF FAITH**

- I. **The Word of God: The Bible is the inspired, infallible, and authoritative Word of God. (2 Timothy 3:16-17; 2 Peter 1:21)**
- II. **The Trinity: Within the one Being that is God, there has existed from all eternity three coequal Persons; God the Father, God the Son, and God the Holy Spirit. (Deuteronomy 6:4, 2 Corinthians 13:14, John 1:1-2, 14)**
- III. **Salvation: All men are in violation of God's righteous requirements and His holy character both by nature and act. (Romans 3:23 and 5:12, Ephesians 2:1-2) Salvation is offered as a gift, free to the sinner. This gift must be responded to by faith, not by any personal works, but in the sacrificial death of Jesus Christ alone. (Acts 13:38-39; Romans 6:23; Ephesians 2:8-9)**

Each teacher at First Class volunteers their time in the unique and exciting opportunity to help shape young lives. We ask that those who take a position of leadership (such as teaching) read the above basic doctrinal beliefs of the Christian faith. The Steering Committee of First Class will review and approve all Classes offered for the spring or fall sessions.

I have read the above statements and I agree to adhere to and follow them.

Signature _____ Date _____

Are you a born-again christian? Yes No Not Sure

Briefly summarize how you came to know Christ and the condition of your spiritual life.

If you have questions regarding your application, please call Christine Juntunen at 360-636-4739

Send completed forms to:

**First Class Cowlitz County, WA
PO Box 1034
Longview, WA 98632**

**THANK YOU
For your time in teaching our children!!**