

Christian Educators Resource Center

Teacher and Camp/Workshop Submission

Please submit a separate form for each camp/workshop **90 DAYS BEFORE FIRST SCHEDULED DATE.**

Name: _____ **Email:** _____

Camp/Workshop Title: _____

Age Level(s): _____ and/or **Grade Level(s):** _____ **Annual, Quarterly, or Monthly:** _____

Course Description: A basic description of requirements, resources used, and what will be taught.

Have you taught this camp/workshop before at CERC and/or other co-ops? _____ When? _____

Number of hours per day: _____ **Number of days per week:** _____ **Number of weeks:** _____

Hours of homework (if any) per week: _____ **Min/Max number of students per class:** ____/____

1st choice of dates and times: Mon-Thurs 9 am-4 pm, Sat 10am-2pm _____

2nd choice of dates and times: _____ 3rd choice: _____

Other scheduling needs or requirements: _____

Materials Fee per student: (items you will be purchasing for the students) _____

Itemized list of consumable supplies not previously owned or used that the Materials Fee covers:

Required Student Textbooks and/or Curriculum and Estimated cost of each: (items the student should purchase and bring to class) **Please provide edition number & ISBN number:**

Other Materials/Supplies the student should bring to class: _____

Special Classroom Needs: _____

~~ Only bold information will be provided to public. ~~