

Christian Educators Resource Center

Teacher and Class Registration

Name: _____ Email: _____

Class Title: _____ Age Level: _____ and/or Grade Level: _____

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

1 or 2 semesters (16 weeks each): _____ 1, 1 ½, or 2 hours of class time per week: _____

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

1st choice of day and time: Tuesday-Thursday 9 am-4 pm _____

2nd choice of day and time: _____ 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 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: _____

Will you accept students mid-semester?: _____ Would you like to keep a waiting list?: _____

~~ Please submit a separate form for each class. **Only bold information will be provided to public.** ~~