



Vancouver Christian Home Educators Association

Registration Form

Personal Information: (Parents/Primary Educator)	
Name:	
E-mail:	
Home Address:	
Phone #	

Name(s) of Child(ren) :	Date of Birth:	
		

I have read the philosophy and the statement of faith of the Vancouver Christian Home Educators Association and agree to the limitations prescribed therein. (found on VCHEA.COM)	
Please circle One: Agree Disagree	

Signature:	Date:
Paid (Treasurer's use only)	