

CHEB New Family Questionnaire

Parent's names: _____

Address: _____

Children's Names, DOB and Grade Going Into for 2026-27 (Please list all children under 18 residing in your home and put a star by those you would like to enroll in CHEB.):

_____	_____
_____	_____
_____	_____

Email: _____ **Phone #:** _____

Church you attend: _____

How did you hear about CHEB? Do you know any current CHEB families?:

What are you currently doing for school? (public/private/homeschool) If homeschooling how would you describe your education style (traditional, Charlotte Mason, unschooling, Classical, eclectic, etc.):

Is your family currently part of any other co-ops? If so, which one(s)? If you were involved in a co-op before now, why did you leave? What was your role? What are your interests/background (education/professional)?:

Has your membership or enrollment been revoked in a co-op or school setting of any type? If yes, please explain.:

What are your goals for your co-op experience? Are you most looking forward to community, academic classes, enrichment classes/electives, socialization, etc.?:

Who in your family will be fulfilling your volunteer responsibilities? Will your family be able to easily arrange for volunteering with us?:

Are you willing to check in on your child's work each week and make sure they are keeping up with assignments and offer help and/or communicate with teachers if they are struggling?:

How does your child(ren) learn best?:

Does your child have access to a computer and printer to complete online requirements for classes and get classwork from Canvas (our online student portal)?:

Any other comments, questions you have about CHEB or things you'd like us to know about your family?:

For office use only:

Date of Visit: _____ **Board Member:** _____

Notes:
