

**Faith Vision Co Op
Tapestry of Grace
Registration Form 2014-2015**

Name _____

Address _____

Email _____ Phone _____

Children's Name, Age, Grade Level

Area of Interest to Teach, Subject, Level (Choose 3 in order of preference)

Planned Vacation Dates

Please sign below to indicate you understand and agree to the Statement of Faith, Tapestry Purchases and Copyright Rules.

- 1. I have read and agree with the Statement of Faith.*
- 2. I understand I am required to purchase Tapestry of Grace Year 2, Digital Edition. If my child is a Dialectic student, I understand I am required to purchase MapAids and Evaluations for Year 2. If required in the Lower and Upper Grammar classes, I will purchase Lapbooks and MapAids for Year 2.*
- 3. I have read and understand the Copyright rules instituted by Tapestry of Grace and agree to abide by them.*
- 4. I have read and reviewed the Faith Vision Handbook and agree to its contents.*

Name

Date