

**Enrollment Form**  
**Many Paths of Natural Learning**  
MPNL@msn.com  
301 498 4739

Many Paths of Natural Learning, 8678 Rose Lane, Jessup, MD 20794

This enrollment form is for the \_\_\_\_\_ school year, please fill out this form and send with payment to Many Paths of Natural Learning. If there are different last names, please indicate this in the appropriate areas.

Date \_\_\_\_\_

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_

Current and active e-mail \_\_\_\_\_

**\*\*\*E-mail is important, this is how I communicate and update members to activities and events. Please give a current e-mail address. Print clearly.**

**List children’s first and last name, date of birth, grade and if an assurance of consent form has been filled out and sent to the county for each child. When completing this form please use the grade and age the child will be at beginning of school year.**

Children: \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_ AC \_\_\_\_\_

**\*\*\*AC = Assurance of consent form\*\*\* mark with a yes if you have already done this. Each child needs the AC form sent to the county you currently live in. **Mark with a NO if you have not sent in the form.** Make a notation and let me know if you need the form or contact info for the AC form.**

The tuition for the \_\_\_\_\_ school year will be Due by September 1 \_\_\_\_\_

**\$ 175.00 1 child**

**\$ 20.00 per additional child**

**A one time non refundable registration and processing fee of \$75.00 is due at time of sending in the enrollment form.**

**Any bounced checks will be charged a \$25.00 fee.**

**You may select a 3-payment plan. If you choose the payment plan, a \$25.00 fee will be added your tuition. Payments will be due on the schedule of:**

3 Payment plan tuition schedule is by September 1, October 1, November 1

As 50.00 late fee will be assessed after November 1, if tuition is not paid in full.

**We accept checks, cash and money order. Now accepting PayPal. A 4% service fee will be added to tuition schedule. PayPal accepts major credit and debit cards. You do not have to have a PayPal account to use this option. You must contact me first before using Pay Pal.**

**Please mail this form and Registration and Processing fee to:**

**Many Paths of Natural Learning,**

**8678 Rose Lane**

**Jessup, Maryland 20794**

**Tuesdi Harmon**

**Executive Director of Many Paths of Natural Learning**

**[MPNL@msn.com](mailto:MPNL@msn.com) 301 498 4739**

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By signing you are accepting full responsibility for the education of your children and following the Comar 05 Laws. You agree to discuss the homeschooling material and progress of your child. You also agree to join the Many Paths of Natural Learning Yahoo Support Group and be proactive in keeping updated with new information and field trips. You also agree to fill out the educational review form by May 31 of the school year through the us mail to address above and you agree to attend the required annual visit required by the Comar 05 laws. Failure to comply will result in you being removed as members of our umbrella. You are automatically re-enrolled every year with Many Paths of Natural Learning unless you personally tell me otherwise by August 1 of the new school year and tuition will be annually due again. It is your responsibility to keep me updated with any new contact info of e-mail address phone number or moving status.

**Signature:** \_\_\_\_\_

**Please fill out the next part of the form for each child:  
Make extra copies of this form, if needed.**

Child's Name: \_\_\_\_\_

Child's age: \_\_\_\_\_

Child's grade level \_\_\_\_\_

Number of years home schooling: \_\_\_\_\_

**Has your child(ren) previously been enrolled in Public school?**

\_\_\_\_\_

**If so please list school and years attended** \_\_\_\_\_

\_\_\_\_\_

**Were there any issues with the school** \_\_\_\_\_

**If yes briefly explain** \_\_\_\_\_

\_\_\_\_\_

**Have you previously been enrolled in another umbrella homeschool?** \_\_\_\_\_

**If so, which one and years and years** \_\_\_\_\_

**Does the above child have any learning disabilities or special needs that would affect their education? Please list.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please list any other special circumstances that we would need to know about such as health issues that effect homeschooling, teaching or learning styles etc...** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_