



Homeschool Group Registration

Homeschool Group Name: _____

Number of children in group: _____ Age range of children _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact's Cell Phone: _____

Contact's email: _____

Homeschool Enrichment Programming is offered Monday – Friday from 9 a.m. - 2:15 p.m.

Please list at least 2 days that you desire for your group.

Choice #1: _____ Choice #2: _____

How many days per month would your group like to meet?

1 day _____ 2 days _____ 3 days _____ 4 days _____

Please return to: Central Creativity 442 N. 6th Ave, Laurel, MS 39440