



SHEEP HILL HERBS LLC.

HOMESCHOOL HYBRID ART EDUCATION

LOCATION:

136 MAIN STREET

EMMAUS PA (TURN THE PAGE LLC)

APPLICATION 2019-2020

Parents/Guardians names _____ Child(s)

Names 1. _____ Birthdate _____

2. _____ Birthdate _____

3. _____ Birthdate _____

Primary Contact email _____ Primary Contact

phone _____

Secondary Contact email _____ Secondary Contact

phone _____ (circle one cell/home) Home Address

Emergency Contact name (other than parent) _____

Emergency Contact phone _____ Emergency Medical

Information _____

Person to be billed _____ Preferred

Payment plan (1 Payment, Monthly Payments – Circle one)

PayPal Email address for Invoice _____ Preferred Payment

Option (Check, PayPal, Cash- Circle one)

Billing Address for check payment

Sheep Hill Herbs LLC.



Homeschool Hybrid Art Education
2019-2020

Options: Choose Semesters with children's names and ages.

Option 1. Full year, 2 semesters

Names/ Ages

Option 2. Fall semester (Sept.-Dec.)

Names/ Ages

Option 3. Spring semester (Jan.- May)

Names/ Ages

Application Fee \$30.00

Paid by- (Circle one) Paypal to basiltre@aol.com Sheep Hill Herbs LLC

Check/ Money order to Jenel Schaffer, PO Box 135 Bethel PA 19507

Application fee is non-refundable. Application will not be processed without payment.

Parent Name _____

Date _____

Parent Signature _____

Second Parent Name _____

Date _____

Second Parent Signature _____

Date _____

OFFICE USE

NOTES: