



**THE LEARNING  
COOPERATIVES**

PRINCETON • BUCKS • RARITAN

## Member Application

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Youth Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Youth Cell Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

In which center are you interested (please circle)?

Princeton Learning Cooperative / Bucks Learning Cooperative / Raritan Learning Cooperative

When is the youth interested to begin? \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What attracts you most to the Learning Cooperative? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You can return your completed application at an in-person meeting, attached to an email to [info@princetonlearningcooperative.org](mailto:info@princetonlearningcooperative.org) for PLC, [info@buckslearningcooperative.org](mailto:info@buckslearningcooperative.org) for BLC, or [info@raritanlearningcooperative.org](mailto:info@raritanlearningcooperative.org) for RLC, or via mail: The Learning Cooperatives, P.O. Box 167, Princeton, NJ 08542.

## Youth Questionnaire

This section should be completed by the potential member. If more information about how the learning cooperative works would be helpful in answering the following questions, please see the center's website (How It Works) or [learningcooperatives.org](http://learningcooperatives.org) (Self-Directed Learning, Guiding Principles, Paths Forward).

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

Please answer the following questions either here or on an attached page:

1. Why are you interested in joining the learning cooperative? Why do you think joining the learning cooperative would be good for you?
2. Please describe what you've liked and/or disliked about your past schooling or homeschooling.
3. What are the main priorities for your own learning and education?
4. What interests do you have? What do you like to do? What do you care about?

## Parent Questionnaire

If more information about how the learning cooperative works would be helpful in answering the following questions, please see the center's website ([How It Works](#)) or [learningcooperatives.org](http://learningcooperatives.org) (Self-Directed Learning, Guiding Principles, Paths Forward).

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

Please answer the following questions either here or on an attached page:

1. Tell us about your child. Personality? Challenges? Ambitions?
2. Why do you think the learning cooperative would be a good fit for your child's needs?
3. Describe your child's prior schooling or homeschooling. What worked? What didn't work?
4. What interests does your child have?

## Membership Fees and Financial Assistance

The Learning Cooperatives are primarily funded by membership fees with no assistance from the state or federal government. We ask that families make a good faith effort to cover the full membership fees and to make financially supporting the cooperative a top family priority.

We are committed to making sure that The Learning Cooperatives are economically diverse and therefore offer fee reductions based on need if and when the full fees are simply impossible for a family to pay.

Fee for 2019-2020: \$13,500

Billing: Upon enrollment, members are required to provide a \$1,000 non-refundable deposit. The balance of the fee is paid in two equal installments due August 15<sup>th</sup> and January 15<sup>th</sup>. If you need a more flexible payment schedule, please include that in the additional information section below.

Refunds: No refunds are made to members who choose to terminate membership or whose membership is terminated for cause or disciplinary reasons during these billing cycles unless a specific arrangement is acknowledged by the learning cooperative.

Pro-Rated Fees: For members who join during the academic year, a \$1,000 deposit is due at the time of enrollment. The remainder of the fee will be pro-rated.

*The Learning Cooperatives are a 501c3 tax-exempt organization. We accept tax-deductible donations to maintain our policy of never turning someone away for financial reasons. If you know someone who would like to support us in our mission, or if you would like to make a donation yourself, please be in touch.*

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I plan to pay the full fees and am not applying for financial assistance.

I request consideration for financial assistance.

Amount of fees I am able to pay: \_\_\_\_\_

Additional information that will help us understand your financial situation: \_\_\_\_\_

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Additional information related to payment of fees:

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

Date: \_\_\_\_\_