# LIGHT KY Homeschool

**(L**earning and **I**nstilling **G**od in **H**ome **T**eaching**)**

**MEMBERSHIP REGISTRATION FORM**

Membership in **LIGHT** entitles you to the following:

- Opportunities to meet & build friendships with like-minded Christian home educators
- A monthly newsletter filled with LIGHT upcoming events and various homeschooling information
- A member's directory of phone, email and other helpful information
- Access to join the LIGHT private Facebook group with other home school families
- Member Resource with legal information, curriculum resources, home school helps, etc.
- Eligibility for activities sponsored by LIGHT
- A Group Code Number giving a discount to join/renew with The Home School Legal Defense (HSLDA)

Parent/Guardian's Name(1):_____ Parent/Guardian's Name(2):_____

Email 1:_____ Email 2:_____

Cell Phone 1:_____Text:Y/N Cell Phone 2:_____Text:Y/N

Address:_____ Home Phone:_____

State:_____ Zip Code:_____ County:_____ City:_____

| Child(ren)'s Name(s) | DOB | Grade | Gender |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

What curriculum do you use?

_____
_____
_____
_____
_____
_____

Years homeschooling:_____ Years in LIGHT:_____ Church home:_____

**The purpose of LIGHT is to facilitate the process of members providing support to each other. With this understanding, when you join LIGHT it must be assumed that we will include your contact information in our membership directory, and we may include photos including your children or you in our yearbook or other publications.**

## Waiver of Liability

I/We the undersigned, being fully persuaded of our actions, do hereby release the Board of Directors and all other coordinators and members of LIGHT KY Homeschool (**L**earning and **I**nstilling **G**od in **H**ome **T**eaching) from any and all liability that may occur as a result of accident, injury, death, or other unforeseen circumstances while participating in activities or other meetings with LIGHT.

_____ _____

Parent/Guardian(s) Signature(s) Date

**Membership pricing: $20.00/yr (mark payment form)**
**Cash _____**
**Check _____ Payable to LIGHT**
**PayPal ($21.00) _____ Pay to lightKY2019@gmail.com**

Please mail **CHECK,** this **COMPLETED FORM,** and your **SIGNED STATEMENT OF FAITH** to**:**
**LIGHT, P.O. Box 1791**
**Danville, KY 40422**

___ I am a current member of HSLDA ___ I would like more information about HSLDA

***Please Note: LIGHT is a volunteer organization. Our members are our greatest assets. As such, your help and participation are vital to the functioning of the group. Please watch for opportunities to help out and work together and please share your creative ideas with the Board.***

** TO COMPLETE YOUR MEMBERSHIP APPLICATION, PLEASE READ AND SIGN THE STATEMENT OF FAITH. NOTE: A COPY OF THE BY-LAWS CAN BE LOCATED AT WWW.LIGHTKYHS.ORG**

*This membership application is good from the date signed above to the fiscal year end on July 31st. UPDATED 7/2026*