Application for Admission & Student Registration
2016-2017

Father's Name: _____Mother's Name: _____

Home Phone: _____

Cell Phone: (Father)_____(mother)_____

Home Address: _____

_____

E-mail address: _____Home Parish_____

Please list the first name and current grade of each child enrolling in Sacred Heart Tutorials.

1. _____ 2. _____

3. _____ 4. _____

5._____ 6. _____

Please list the first name of each sibling enrolling in Sacred Heart Tutorials.

1. _____ 2. _____

3. _____ 4. _____

List allergies or special concerns we should be aware of:

_____

_____

_____

<u>I understand that I will be required to either tutor or volunteer 20* study hall shifts</u> (*may change according to number of monitors). Also, each family must volunteer for at least <u>two</u> fundraising events: Homecoming in the fall, Halloween Dance, January's Masquerade Ball, or the Father/Daughter Dance in the spring. This is mandatory. *Exception: Student(s) enrolled for 1-2 classes*

Signature: _____ Date: _____

Two fundraisers signed up for: _____

I have an interest in teaching _____ _____

Subject Grade

I have an interest in covering Study Hall shifts _____ (We will contact you to coordinate 20 shifts)

I can be a substitute. _____am _____pm

I have an interest in teaching an extra curricular after the last period _____

I am able to supervise the sibling room during this time period _____

- **INITIAL HERE_____** I understand that the facility used by Sacred Heart Tutorials, Inc. will not provide general liability coverage for this Cooperative or its members for claims that were the result of negligence. I will not hold program coordinators, leaders, or tutors responsible for damage, loss, or injury occurring to myself or my family members, or children in my care as a result of participation in this program.

- **INITIAL HERE_____** I understand there will be a $15 fee for all checks returned to the bank.

- **MD RESIDENTS INITIAL HERE_____** I understand that in order to comply with the current home schooling laws in the State of Maryland, I have the option of utilizing an umbrella school as my educational reporting service. I may choose to report our family's yearly home schooling activities to the State via this service, or report directly to the Department of Education, as required in my county of residence.

- **PA RESIDENTS INITIAL HERE_____** I understand that in order to comply with the current home schooling laws in the State of Pennsylvania, I must report that I am homeschooling any student(s) over the age of 8 to the Superintendent in my school district and comply with all reporting laws in my school district. I further understand that I must meet at least once annually with a state approved homeschool evaluator.

- **INITIAL HERE_____** I understand that registration will not be complete until all outstanding balances from previous years are paid in full.

- **INITIAL HERE_____ If I withdraw my children from the program after August 1st, I agree to fulfill my financial obligation through the end of the YEAR.**

_____	_____	_____
Parent or Guardian Signature	Parent or Guardian Signature	Date

Tuition Information Sheet
2016-2017

INITIAL HERE_____ I agree to pay all fees as stated on this page, as it applies to my family. This applies to any miscalculations that may occur.

Non-Refundable family Registration fee……..... $85.00 ($115 after July 1st)

Non-Refundable Security Deposit (which will be applied to the last tuition payment) $100.00

FULL TIME STATUS	
Number of Students	Monthly Tuition
1	$90
2	$100
3	$110
4	$120
5*	$130
6*	$140

PER CLASS	
Class Type	Monthly Fee
(1) One-Period Class	$50
(2) One-Period Classes	$100
(1) Two-Period Class	$50
Examples of Two-Period Classes: Math Classes, Science Lecture/Lab, History/Literature	

* 5th and 6th students are FREE when parent is tutoring three or more periods (Monthly Tuition $120)

INITIAL HERE_____ I will have siblings in the building at some time during the school day. (This does not count before or after school.) I agree to pay an additional fee which covers insurance for them being there.

Number of Siblings	Cost per **semester**
1	$15
2	$20
3	$25
4+	$30

INITIAL HERE_____ All fees shall be payable once a year. One check must be dated the day you register, and must consist of both the Registration fee and the Security Deposit. The Tuition payments will be collected from everyone upon registration and will consist of either **two** post-dated checks for 1st semester and 2nd semester or **ten** monthly post-dated checks. The sibling insurance fee must be added to Tuition checks.

See page 4 for further check writing details.

INITIAL HERE_____, the deadline for withdrawing from Sacred Heart and receiving your tuition checks is August 1st. After this date, tuition will be non-refundable for the entire year.

2016-2017

TO BE COMPLETED BY STAFF

Name: _____Address _____

Volunteer Responsibility_____

Fundraising Responsibility_____

Number of Students Enrolled_____ Number of Siblings_____

CHECK #1:Non-Refundable: Registration Fee and Security Deposit –combine/write as one separate check

Registration Fee: $85.00 or $115.00 (late registration – after July 1st) per Family

(check one) _____ (Early Registration) Amt: $85.00

_____ (Late Registration) after 7/1/16 Amt: $115.00

Security Deposit AMT: $100.00/Family

CHECK #1 DATE: _____ CHECK #_____ AMT $_____

Tuition Checks: Can be written as either (2) semester checks or (10) monthly checks

CHECKS #2 and #3 Tuition Checks:

Fill out 2 semester checks

1st Semester: Dated 8/1/2016 (plus sibling ins. fee) Check # _____ Amount $ _____

2nd Semester: Dated 1/1/2017 (less S/D, plus sibling ins. fee) Check # _____ Amount $ _____

OR CHECKS #2-11 Tuition Checks: Monthly: Fill out 10 monthly checks

August: Dated 8/1 (plus sibling insurance) Check # _____

September: Dated 9/1, Check # _____October Dated 10/1, Check # _____

November: Dated 11/1, Check # _____ December: Dated 12/1, Check # _____

January: Dated 1/1/2017 (plus sibling insurance) Check # _____

February: Dated 2/1/17, Check # _____ March: Dated 3/1/17, Check # _____

April: Dated 4/1/17, Check # _____ May (less S/D): Dated 5/1, Check # _____

ALL FORMS HAVE BEEN COMPLETED AND SIGNED Registrar's Initials: _____

FAMILY NAME DATE

Class Registration Form
2016-2017

1ST Student Name	Class Title & Time	2ND Student Name	Class Title & Time
3RD Student Name	**Class Title & Time**	**4TH Student Name**	**Class Title & Time**
5th Student Name	**Class Title & Time**	**SIBLINGS ATTENDING**	**Class Time**

Parent/Student Classroom Agreement
2016-2017

Please review the following guidelines with your children. These guidelines are the expected norm for all homework assignments.

1. Parents are responsible for supplying their student(s) with all required books, in the proper edition, by the first day of school.
2. All homework assignments should be handed in on-time
3. The MLA format should be used to identify the assignment:
   - Full Name (First and last)
   - Date
   - Exercises/assignment name

   This should be written in the upper left corner of the assignment page.
4. Assignments should be neat and legible. They should not be filled with white-outs or scratch outs, or doodling. If so, they should be re-done.
5. Only blue or black ink should be used. The only exceptions would be for Math, Vocabulary or Objective Questions where the student may change answers frequently.
6. Homework assignments and answers should be written on loose leaf paper and not torn from a spiral notebook. The loose leaf paper is always to have the holes on the left side for the front of the assignments.
7. In both Math and Grammar, numbered answers should be written in a column.
8. The correct assignment should be handed in on the correct day, neither early nor late. Students should always be following the syllabus.
9. Even if sickness, vacation or snow days keep you from class, all complete and up-to-date homework must be turned in on the next school day.
10. If you do not understand the assignment, ask a parent for help or contact the tutor. This is not an excuse for not doing the work.

Your cooperation with these standards will assist in making the tutors job easier and your homeschooling more effective and orderly as well. These disciplines will assist your child in not only college pursuits, but also life organizational skills. The tutors are also considering giving extra points to students who are pro-active in seeking help from their tutors as needed, during either a study hall or after classes. The tutor can guess, but only your student knows if he is struggling. Thank you for your understanding and cooperation of these standards.

Parent Signature:_____

Student(s) _____ _____

Signature(s) _____ _____

_____ _____

Emergency Medical Release and Emergency Form
2016-2017

Father's Name _____Mother's Name _____

Home Address _____

Home Number_____ Father Cell_____ Mother Cell_____

Father's Employer_____ Work Number_____

Name of Person(s) Authorized to Pick Up Child (daily) and their cell phone numbers *Indicate at least two persons as Emergency Contacts and their relationship to your child(ren) in the space below as well.

_____

_____

_____

Insurance:_____ Hospital Admission Phone _____

ID Number:_____ Group :_____Plan _____

Physician /City/State_____ Phone_____

Dentist/City/State_____Phone_____

Name of Child(ren) 1)_____2)_____3)_____4)_____

Date of Birth: 1)_____2)_____3)_____4)_____

Allergies: 1)_____2)_____3)_____4)_____

Chronic Illnesses or other conditions, and any additional information we should know:

1)_____2)_____

3)_____4)_____

As parent(s) and/or guardian(s), we do hereby authorize treatment under the direction of a licensed physician of the minor listed above in the event of a medical emergency which may arise in our absence and which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach us by phone at the numbers listed below. In addition, they have my permission to transport the above listed as necessary.

_____ _____

Parent or Guardian Signature Date

Release of Liability
2016-2017

The undersigned being of sound mind and free of the burden of duress do hereby agree:

To release St Joseph's Church and Sacred Heart Tutorials, Inc., from any and all liability exposure that may arise related to damages sustained to the undersigned's minor children,

Child(ren)'s Names (include any siblings who will be in the building during the school day) :

_____

_____

_____

_____

_____

_____

_____

while in attendance at Sacred Heart Tutorials, Inc. on Mondays and Wednesdays between the hours of 8:30 a.m. and 4:30 p.m.

Also, the undersigned agrees to assume all liability for any damages sustained in or around the facility caused in whole or in part by the undersigned's minor children, while in attendance at Sacred Heart Tutorials, Inc.

_____ _____

Parent or Guardian Signature Date

_____ _____

Parent or Guardian Signature Date

OneBeacon Insurance
Youth Waiver & Release of Liability

In consideration of being allowed to participate in any way in Sacred Heart related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue Sacred Heart, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNSTAND THAT I HAVE GIVEN UP STUSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Member/Participant (print)_____

Name of Parent/Guardian (print) _____

Parent/Guardian Relationship (print)_____

Signature of Parent/Guardian_____

Address of Member/Participant_____

Telephone Number of Parent or Guardian _____

OneBeacon Insurance
Adult Waiver & Release of Liability

In consideration of being allowed to participate in any way in Sacred Heart related events and activities, the undersigned:

1. Agree that the member/participant should inspect the facilities and equipment to be used, and if the member/participant believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue Sacred Heart, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNSTAND THAT I HAVE GIVEN UP STUSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Member/Participant (print)_____

Signature of Member/Participant_____

Address of Member/Participant_____

Telephone Number Member/Participant _____

Student Agreement
2016-2017

Please print or copy pages 11 and 12 for *each student* registering at Sacred Heart Tutorials.

I promise to do my best to show respect to our Heavenly Father and to others by following the codes of behavior listed below:

(Please initial each item to show your agreement.)

REGARDING SCHOOLWORK

_____ I know that my vocation now is being a student and recognize that the work I am doing, I am doing for the Lord.

_____ I will look at the assignment sheet daily, complete all my assignments to the best of my ability, and hand in my work on time.

_____ I will not plagiarize or cheat on my assignments.

_____ I will be prepared for my classes with my assignments, books, and school supplies each day.

_____ I will attend every class I am registered in and will not skip any class.

REGARDING UNIFORM

_____ I will show up and attend classes at Sacred Heart in the official school uniform only. I know there are two out of uniform days where I may wear other attire that is modest and inoffensive.

REGARDING SCHOOL PROPERTY

_____ I will clean up after myself at lunchtime.

_____ I will not leave Sacred Heart Tutorials, Inc., campus for any reason unless the board has a letter from my parent.

_____ I will not walk out of the building for any reason during the day unless I have permission from the on-site administrator.

_____ I will never take another student that is not a sibling off campus for any reason unless my parent and the other parent have submitted a letter to the board requesting permission.

(CONTINUED ON NEXT PAGE)

REGARDING SELF AND OTHERS

_____ My appearance will be clean, neat and modest, and I will obey the dress code.

_____ I will be obedient to my teachers and be a good example to my friends.

_____ I will be encouraging and supportive to my friends. I will always tell the truth.

_____ I will be honorable in my actions toward others. I will not be involved in any type of bullying. Furthermore, I will alert administrators, teachers, and/or parents of any potentially harmful behaviors or situations.

_____ If a problem arises which cannot be settled peacefully, I will calmly seek the help of an adult.

_____ I will **not** bring items to class that do not belong there such as cell phones, cameras, electronic devices, games, IPODs, or items, which could potentially endanger others, or myself unless specifically required for class. If I do not follow this rule, I understand any such item can and will be confiscated by the responsible adult.

_____ I will be respectful of the church building and grounds and the people who work there.

_____ I will not take anything that belongs to Sacred Heart, St. Joe's, or anyone else (ie. Food, books, etc.)

_____ I will bring my own lunch.

I have read policy stated above and understand that if I fail in honoring the policy that I will be held accountable and disciplined.

Date _____Student _____