

ENROLLMENT AGREEMENT

Parent Name: _____

Students: _____

Upon enrollment, you are agreeing to the following. Please initial each item.

FEES

- _____ **Class Fee:** I understand that each 1 hour class costs \$135 if paid in full by September 30, 2018 for Fall Classes and January 30, 2019 for Winter Classes. After September 30, 2018 unpaid classes for Fall 2018 will be billed at \$175 per class. After January 30 2019 unpaid classes for Winter 2019 will be billed at \$175 per class.
- _____ **Registration Fee:** I understand that I am responsible for a registration fee per child each semester and this fee is non-refundable.
- _____ **Class Change Fee:** I understand that voluntary changes made to Fall Classes between August 16 and September 22, 2018 will be assessed a fee of \$25 for each change; changes made to Winter Classes between December 16, 2018 and January 25, 2019 will be assessed a fee of \$50 for each change.
- _____ **Refunds:** There will be no refunds for Fall Classes after September 22, 2018 and January 25, 2019 for Winter Classes
- _____ **Lunch Fee:** I understand that I will be charged a \$15 fee per semester/per child for lunch if on campus.
- _____ **Study Hall Fee:** I understand that if my child is on campus during a class period and not with a parent, he/she will be enrolled in study hall and expected to remain in the designated study hall area. I will be charged \$65 per class period per semester.
- _____ **Late Pick-Up Fee:** I understand that I will be charged a late pick-up fee of \$1 per minute, per child, beginning at 3:45.
- _____ **Class Cancellations:** I understand that any class that does not meet the minimum number of required students will be canceled.
- _____ **Account Disputes:** I understand that any disputes regarding my balance must be handled before coming to register.
- _____ **Balances:** I understand that any outstanding balance must be paid in full before registering for the next semester.
- _____ **Financial Responsibility:** I understand that I am financially responsible for my Homeschool Connections Fees.

- ___ **S.O.A.R.C.E. Families:** If my family is registered with S.O.A.R.C.E., I understand that it is my responsibility to complete the necessary paperwork and turn it into S.O.A.R.C.E. It is also my responsibility to communicate directly with S.O.A.R.C.E. to ensure proper credit is applied to my account and if I don't follow the proper procedures (count, mentor communication, etc.) with S.O.A.R.C.E. to ensure that they cover my children's classes, I am financially responsible for paying for the classes. I understand that I can access my balance through my Renweb account.

OTHER

- ___ **Property Damage:** I understand that I will be responsible to pay for or repair any property damage caused by my child/children.
- ___ **Leaving Campus:** I understand that students are not allowed to leave the premises before classes unless they are with a parent, drive themselves to campus, or are 18 years or older.
- ___ **Photos:** I understand that photos may be taken on campus and used in promotional material, including the Homeschool Connections website. I understand that it is my responsibility to notify campus supervisors and my child's teachers in writing if I do not want my child's picture to be taken.
- ___ **NOT Allergy Free:** I understand that Homeschool Connections does not guarantee an allergy-free zone.
- ___ **Parent Portal:** I understand that it is my responsibility to log in weekly to my Parent Portal to check my students' grades and homework assignments.

MEDICAL/ BEHAVIORAL/ LEARNING

- ___ In order to attend Homeschool Connections classes, I understand that my child must be able to function and behave appropriately in the class. If they are not able to do so, they may be asked to leave the program.
- ___ **Medical Alerts:** I understand that it is my responsibility to inform registrars, campus supervisors and teachers of any medical needs, allergies, behavioral issues, family issues and/or learning differences my child has. Failure to do so could result in dismissal from the program.
- ___ **Medical Waiver:** I authorize the teacher of the class or one of the campus supervisors to seek medical attention for my child in the event of an emergency in which the parent cannot be reached.
- ___ **Behavior & Learning:** I understand that Homeschool Connections may remove or withdraw my student from the program or a class at their discretion.

LIABILITY

- ___ I hold the churches, teachers, supervisors and director of Homeschool Connections Educational Services, Inc. harmless for any injury that might result to a student while attending classes and activities.
My children will be attending Homeschool Connections at the following location(s):
 - ___ Five Points Community Church (Auburn Hills Campus)
3411 E Walton Blvd, Auburn Hills, MI 48326
 - ___ Faith Church of Rochester Hills (Rochester Hills Campus)
160 W Hamlin Rd, Rochester Hills, MI 48307
 - ___ Grace Community Church (East Side Detroit Campus)
21001 Moross Rd, Detroit, MI 48236
 - ___ Clarkston Community Church (Clarkston Campus)
6300 Clarkston Rd, Village of Clarkston, MI 48346
 - ___ Orchards Community Church (Romeo Campus)
74903 McKay Rd, Bruce, MI 48065
 - ___ Zion Christian Church (Troy Campus)
3668 Livernois Rd, Troy, MI 48083
 - ___ Shepherd's Gate Church (Shelby Township Campus)
12400 23 Mile Rd, Shelby Charter Township, MI 48315

— I understand that Homeschool Connections has permission to use the above facilities where my children attend and are completely independent of those facilities. I acknowledge that the above facilities do not plan, administer or oversee any of the programs or activities of Homeschool Connections. I further acknowledge that any involvement of members, attendees or staff of the above facilities with Homeschool Connections is on a personal/independent level and does not represent the facility. Therefore, I release the above facility from all liability in connection with the events/activities/programs of Homeschool Connections.

Signature of Parent: _____

Date: _____