Shepherd's Heart Registration & Parent Agreement Form 2025-2026

Parent's Name: _____
<div>   Last Name   Dad   Mom</div>

Home address:_____
<div>   City   State   Zip</div>

Email:_____

Mom's Cell: _____**Mom's employment:** _____

Dad's Cell: _____ **Dad's employment:** _____

How many years have you homeschooled?_____

Where do you attend church? _____ **Pastor:**_____

Student's Names, birthdates* and grades: (use the back if needed) * PreK students required to be age 4 by Aug. 1st

_____ _____
Name   *male/female*   *Birth Date*   *Grade 2025-26*

_____ _____
Name   *male/female*   *Birth Date*   *Grade 2025-26*

_____ _____
Name   *male/female*   *Birth Date*   *Grade 2025-26*

Emergency Contact *& relationship to student:*

_____**Phone**: _____

Physician's Name *& name of practice*: _____**Phone**:_____

Special info pertaining to your child (ex. allergies, special needs, learning challenges, anxiety. Use back if needed.)
_____
_____

Persons (besides parents) who are authorized to pick up your children (use the back if necessary):
1._____ 2. _____

Name & Relationship   *Name & Relationship*

<u>**Medical Treatment**</u>: In the event that my child becomes ill or sustains an injury while attending Shepherd's Heart Tutorial, I give permission to those in charge to take whatever steps necessary in the administration of first aid. I understand that this consent will apply only in emergency situations present and future, and that a copy of this form is as valid as the original. This consent is to remain in effect until written revocation is made.

<u>**Unconditional Obligation:**</u> I recognize and accept that tuition and other fees are ***non-refundable*** regardless of any circumstances by either party. I agree to honor this one-year financial commitment to Shepherd's Heart Tutorial, including:

• **Tuition** $720 per student – paid $90 per month, $360 per semester, or $720 per year

• **Registration Fee** $120 per child (registration includes supply fee) {please note: registration cap is $360 per family} Registration fees are due with this registration. Check only. Please use Fee Checklist Form.

_____

Parent Signature   Date

I give permission to Shepherd's Heart to publish my phone number & email in the family directory for tutorial use ONLY.

_____ (initial)

Registration <u>per student</u> **$120** x _____ = _____ *{please note: $360 cap per family}*

Check total:_____ **Check #:**_____ **Date:**_____