



South Heights Christian Classes

Family Registration & Class Enrollment Form – 1st Semester 2023-2024



Last Name: _____ Parents: _____ Home Phone: (____) _____

Home Address: _____ Cell Phone: (____) _____

Best Phone: (____) _____ Emergency Contact: _____ Emerg. Phone: (____) _____

Email Address: *(must be included before processing will occur)* _____

Student _____ Grade _____ M or F

Student _____ Grade _____ M or F

Student _____ Grade _____ M or F

Student _____ Grade _____ M or F

All Families please MAIL these items with this form:

_____ \$45 registration fee payable to *South Heights*

_____ Entire Enrollment Form (5 pages)

_____ Signed Code of Conduct

_____ Signed Legal Waiver & Med. Release Form

_____ Checks made out to tutors post-dated August 1st

To REGISTER and enroll in classes:

1. Fill in student's name next to desired classes and circle the desired period.
2. Make checks payable to each individual tutor. Post-date checks for August 1. NOTE: Tutor checks will *not* be distributed to the tutors or cashed until September.
3. Parents must sign the statements at the bottom of this page.
4. Mail all forms and checks - including \$45 family registration fee to SHCC - to: **South Heights Christian Classes, 10641 Johnson Road, Bloomington, MN 55437**
5. Once you have been notified that your student is *in* the class, order any required textbooks.

Please READ the following and SIGN below:

- We have read the **Statement of Faith** for South Heights Christian Classes and agree to allow our student(s) to be instructed according to the principles stated, and our student(s) accepts this statement to be the foundation for all instruction at South Heights.
- We have read the **Code of Conduct** and agree to abide by the expectations, as well as the consequences listed. As the parent(s), we accept responsibility for explaining the Code of Conduct including the dress code) to our student(s), and we will encourage our students(s) to follow it.
- We have also read and understand the **open campus description** and know that South Heights will only monitor students within the rented boundaries on the inside of Berean Church.
- I will have my student read the three documents listed above in **bold** prior to the start of the school year.
- We understand the withdrawal policy described here: www.southheights.net/registration-policies--procedures. We understand that students withdrawing more than 24 hours after the 2nd week of classes will receive **NO refund**. We also understand that students withdrawing within 24-hours after the 2nd week of classes will receive a partial refund [tuition amount less a \$82 withdrawal penalty].
- **All drivers** in our family have read the parking guidelines and agree to cooperate with the directions given.

• **The license plates on the cars driven by our family are:** _____, _____, & _____

Parent/Guardian's Signature: _____

Date: _____

Name of Student (s) taking this course	Course Name: Listed Alphabetically	Circle Period F=Friday V=Virtual	<i>Post-date all checks for August 1st</i> Make Check Payable to:	# Students in Class	1 st Semester Tuition & Supplies	Amount Paid to This Tutor	Check # <i>Post-date all checks for August 1st</i>
<i>John & Joni Johnson</i>	<i>SAMPLE: Skills Today</i>	2	<i>Susan Smith</i>		\$202	\$404.00	6572
	American Govt. and Economics	1 V	Mary Mueller		\$198		
	British Literature	4 V	Mary Mueller		\$198		
	Career Exploration & Preparation	4	Rachelle Kimmes		\$220		
	Communication Skills	F2	Michelle Whalen		\$198		
	Cover-to-Cover Bible Class	F1	Ryan Habbena		\$188		
	Geography & World Cultures	3	Michele Leverenz		\$198		
	Literature Foundations	4	Michelle Whalen		\$198		
	Logic	3	Joshua De Leon		\$198		
	Math Mastery	1	Kim Wentzlaff		\$198		
	Math: Algebra 1	3	Jim Wentzlaff		\$198		
	Math: Algebra 2	2	Jim Wentzlaff		\$198		
	Math: Geometry	1	Jim Wentzlaff		\$198		
	Math: Pre-Algebra	4	Jim Wentzlaff		\$198		
	Photography 1	4	Kian Wentzlaff		\$198		
	Science: Biology	1 2	Michele Leverenz		\$203		
	Science: Chemistry	3 4	Laura Glassel		\$198		
	Science: General	2	Judi Davidson		\$193		
	Science: Physical	2	Laura Glassel		\$198		
	Sign Language 1	1 4	Linda Offutt		\$198		
	Sign Language 2	2	Linda Offutt		\$198		
	Sign Language 3	3	Linda Offutt		\$198		

NOTE: All tutor checks will be held until they are distributed to the tutors the week classes begin.

Name of Student (s) taking this course	Course Name: Listed Alphabetically	Circle Period F=Friday V=Virtual	<i>Post-date all checks for August 1st</i> Make Check Payable to:	# Students in Class	1 st Semester Tuition & Supplies	Amount Paid to This Tutor	Check # <i>Post-date all checks for August 1st</i>
	Spanish 1	1 3	Adriana Luengos-Nolette		\$198		
	Spanish 2	2 4	Adriana Luengos-Nolette		\$198		
	Theater (Level 1)	1 2	Julie Nelson		\$183		
	Theater: One-Act Play (Level 3)	4	Julie Nelson		\$188		
	Watercolor 1	2 3	Karen Rohrbach		\$236		
	Watercolor 2 & 3 returning students	2 3	Karen Rohrbach		\$178		
	World History	2 V	Mary Mueller		\$198		
	Worldview	2	Joshua De Leon		\$198		
	Writing (1A): Grammar Essentials	3 4	Heidi Kuiper		\$203		
	Writing (2A): Developing Style Techniques	1	Chris Keswick		\$228		
	Writing (2A): Developing Style Techniques	1	Jennifer Larson		\$228		
	Writing (3A): Advanced Formal Writing	3	Judi Davidson		\$228		
	Writing: Following Narnia	4	Michele Leverenz		\$228		

NOTE: All tutor checks will be held until they are distributed to the tutors the week classes begin.

PSEO REGISTRATION Official enrollment in PSEO courses at South Heights requires enrollment both with South Heights and with the college!
 In addition to registering with South Heights, please go to the college website and complete their application and enrollment process! www.southheights.net/pseo-at-shcc
 For Northwestern: <https://unwsp.edu/admissions/apply/pseo-application/> For Crown: <https://www.crown.edu/extensions/early-college/pseo-home-school/south-heights/>

	PSEO College Writing & Research ENG1510 Whalen CA / Crown	F1	Checks payable to: SHCC		\$40	\$40	
	PSEO Computer Applications IT1060 Mueller CA / Crown	F2	Checks payable to: SHCC		\$40	\$40	
	PSEO Public Speaking SPE1075 with Prof. Wendy Lokke / UNW	1 2	Checks payable to: SHCC		\$40	\$40	
	PSEO Survey of American History HIS1007 with Prof. Mary Mueller / UNW	3	Checks payable to: SHCC		\$40	\$40	



South Heights Christian Classes Code of Conduct Agreement



Academic Dress Code

- Students are expected to dress and groom themselves in a way that reflects basic well-recognized standards of neatness, modesty, and appropriateness in preparation for adulthood.
- South Heights standards are consistent with workplace standards that students will face as adults, so this is good practice for the future.
- Overly casual clothing can undermine a purposeful atmosphere of work and study.
- The dress code is in effect during the academic hours of South Heights even if students are out-of-doors.

Upper body

- Tops and bottoms must overlap so midriff skin is not exposed, even when sitting or raising arms.
- No sleeveless shirts.
- Tops should not have necklines that reveal chest hair or cleavage.

Lower body

- All lower body apparel must be knee-length or longer.
- Clothing worn over form-fitting leg apparel such as leotards and tights must be knee length or longer. For leggings and jeggings, the clothing must cover the posterior in its entirety.
- No underwear showing. (This includes but is not limited to boxers). No substantial rips or tears in clothing above the knees.

PARENT AGREEMENT

As the parent(s), I have read the Code of Conduct, and I agree that I will support my student(s) in following the rules. I accept responsibility for explaining the Code of Conduct including the dress code to my student(s), and I will encourage my students(s) to follow it.

I also understand and accept the discipline system described in the South Heights Code of Conduct found here: <https://www.southheights.net/code-of-conduct.html>

Please initial each line and then sign below.

I agree that I will support, encourage, and expect my student(s) to:

- _____ dress according to the Dress Code at South Heights.
- _____ follow the cell phone policy.
- _____ respect the property of Berean Church.
- _____ adhere to the terms of the discipline policy.
- _____ behave in a manner that demonstrates respect for other students, tutors, and the church.

Parent/ Guardian's Signature: _____

Parent/ Guardian's Printed Name: _____

Date Signed: _____

Parent/ Guardian's Signature: _____

Parent/ Guardian's Printed Name: _____

Date Signed: _____

Both parents may sign, but two signatures are not required.

STUDENT AGREEMENT

I have read the Code of Conduct, and I agree to follow the rules.

I also understand and accept the discipline system described in the South Heights Code of Conduct found here: <https://www.southheights.net/code-of-conduct.html>

Please initial the following and then sign below:

- _____ I agree to dress according to the Dress Code while I am at South Heights.
- _____ I agree to follow the cell phone policy.
- _____ I will respect the property of Berean Church.
- _____ I agree to the terms of the discipline policy.
- _____ I agree to behave in a manner that demonstrates respect for all other students, tutors, and the church.

Student's Signature: _____

Student's Printed Name: _____

Date Signed: _____

Student's Signature: _____

Student's Printed Name: _____

Date Signed: _____

Please have any additional students sign the back of this form. Thank you!



South Heights Christian Classes Legal Waiver & Medical Release Form



The undersigned, being the parent(s) or legal guardian of the following children (must include full legal name of each):

_____, a minor, born _____; _____, a minor, born _____;
_____, a minor, born _____; _____, a minor, born _____

LEGAL WAIVER

- I agree prior to participating, I and the minor participant (student), will inspect the facilities and equipment to be used. If I believe anything is unsafe, I will immediately advise the administrators of such conditions.
- I acknowledge and fully understand that each participant will be engaged in activities that involve risk of injury which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of conduct, or conditions of the premises or any of the equipment used. Further, that there may be risks not known to us or foreseeable at the time. I assume all foregoing risk and accept personal responsibility for the damages following such injury.
- I, intending to be legally bound, do hereby release, waive, discharge and consent not to sue South Heights Christian Classes' administrators, board, employees, tutors or volunteers of the organization, other participants and Berean Church, all which are herein after referred to as "releases" from any and all liability to each the undersigned, his or hers and next of kin for any claims, demands, losses or damages, on account of injury including death or damage to property, caused or alleged to cause in whole or part by negligence to the release of otherwise in connection with association or entry and/or arising in participation in activities led by South Heights Christian Classes.
- I hereby release all members of South Heights Christian Classes of any and all liability resulting from medical treatment. I understand if medical attention is necessary and I am not present, South Heights Christian Classes has my permission to call an ambulance to transport any family member I have listed above to the nearest medical facility for emergency medical treatment. I am responsible for all expenses incurred.
- I understand that photos/images of my student may appear in the yearbook. My consent is understood to be in effect unless I fill out a "South Heights Photo Release Opt Out Form" available here: www.southheights.net/registration-form
- THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGNS IT VOLUNTARILY.

Parent/ Guardian's Signature: _____

Parent/ Guardian's Printed Name: _____

Date Signed: _____

MEDICAL RELEASE

I (we) request and authorize any physician, associates, assistants, agents and employees thereof, to provide any x-ray, examinations, anesthetic, diagnosis, medical, or surgical treatment, or hospital or clinic service that may be required by said minor in the estimation of such physician, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis or required treatment and is given to encourage said hospital and said physicians to exercise their best judgment as to the requirements of such diagnosis and treatment in those instances when a parent of the minor is unavailable to provide the necessary consent to treatment.

This SPECIFIC AUTHORIZATION is valid from September 7, 2023 to May 17, 2024.

Parent/Guardian's Signature

Daytime Phone Number

Please Print the Following Health Information

Person(s) to contact in case of non-medical emergency when you are not available:

Name _____

Phone _____ Emerg. Phone: _____

Health Insurance Company _____

Contract # _____ Group# _____

Please describe any medical/general information that would be helpful in the care of your child:

Please list any medications and/or allergies that your child may need/has:

Please list any additional medical concerns on the back of this form. Thank you!