



# South Heights Christian Classes Family Registration & Class Enrollment Form – 2nd Semester 2018-2019



**NAMES:** Last \_\_\_\_\_ Parents' \_\_\_\_\_

**Email address:** (must be included before processing will occur) \_\_\_\_\_

**New families:** complete this section. **Continuing families:** make note of any changes since 1<sup>st</sup> semester

Home address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Emerg. Phone: (\_\_\_\_\_) \_\_\_\_\_

Student \_\_\_\_\_ Grade \_\_\_\_\_ M or F

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**To Register and enroll in classes:**

1. Fill in student's name next to desired classes and circle the desired period.
2. Choose payment method (see Registration & Enrollment Policies for further details).
3. Make checks payable to each individual tutor, which will be *mailed to South Heights*.
4. **New families** must read the statements referred to at the bottom of this page and sign below.
5. Mail all forms and checks, including \$45 (**New families only**) to SHCC  
South Heights Christian Classes, 10641 Johnson Road, Bloomington, MN 55437
6. Once you are notified that your student is *in* the class, order any required textbooks.
7. Mark your calendar for January 3, 2019, the day the balance of your enrollment fee is due.

**Mail these items**

**Everyone:**  
 This Enrollment form (3 pages)  
 Checks made out to tutors

**Families who were NOT enrolled in SHCC during Fall 2018 must also mail in:**  
 \$45 registration fee payable to South Heights  
 Legal Waiver & Medical Release Form (one page)

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- 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.
  - 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.
  - **All drivers** in our family have read the parking guidelines and agree to cooperate with the directions given.

• Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Use this form after January 1, 2019**

Name of Student (s) taking this course	Course Name: Listed Alphabetically	Circle Period F=Friday	Make Check Payable to:	# Students in Class	Full Tuition & Supplies	OR Down Payment	Amount Paid to This Tutor	Check #
<i>John &amp; Joni Johnson</i>	<i>SAMPLE: Skills Today</i>	2	<i>Susan Smith</i>	2	\$202	\$102	\$404.00	6572
	American Government and Economics	3	Mary Mueller		\$223	\$123		
	American History	F2	Mary Mueller		\$223	\$123		
	American Literature	4	Mary Mueller		\$223	\$123		
	Classical Drawing 2	1	Christine Tierney		\$233	\$133		
	Driver's Ed.	Fri. 9am-12 1/18-3/22	1 <sup>st</sup> Class Driving School		\$215	\$115		
	Geography & World Cultures	1	Michele Leverenz		\$220	\$120		
	Great Books	4	Michelle Whalen		\$223	\$123		
	Logic	1	Joshua De Leon		\$218	\$118		
	Math Mastery	1	Val Qualley		\$218	\$118		
	Math: Pre-Algebra	4	Mark Ball		\$223	\$123		
	Math: Algebra 1	1	Mark Ball		\$223	\$123		
	Math: Geometry	3	Mark Ball		\$223	\$123		
	Math: Algebra 2	2	Mark Ball		\$223	\$123		
	Math: Pre-Calculus	F1 8:30am	Mark Ball		\$273	\$173		
	Math Study Group	1 2	Patrick Gilligan		\$145	\$145		
	Math Study Group	2	Laura Bang		\$145	\$145		
	Photography 2	2	Jodi Taylor		\$228	\$128		
	Photography Editing	3 4	Jodi Taylor		\$208	\$108		
	PSEO Health and Wellness PED1515 Stergion-Course Assistant	1	Checks payable to: SHCC		\$55	\$55		
	PSEO Intro to Literary Analysis ENG1512 Whalen-Course Assistant	F2	Checks payable to: SHCC		\$55	\$55		
	PSEO Lifespan Psychology PSY2108 with Jenita Pace	3	Checks payable to: SHCC		\$55	\$55		

ALL tutor checks will be held until they are distributed to the tutors the week classes begin. ©

Use this form after January 1, 2019

Name of Student taking this course	Course Name: Listed Alphabetically	Circle Period F=Friday	Make Check Payable to:	# Students in Class	Full Tuition & Supplies		OR Down Payment	Amount Paid to This Tutor	Check #
<i>John &amp; Joni Johnson</i>	<i>SAMPLE: Skills Today</i>	2	<i>Susan Smith</i>	2	\$202	ALL tutor checks will be held until they are distributed to the tutors the week classes begin. ©	\$102	\$404.00	6572
	PSEO Mathematics Survey MAT130 Bang Course Assistant	4	Checks payable to: SHCC		\$55		\$55		
	PSEO Topics in US History HIS2520 Mueller-Course Assistant	2	Checks payable to: SHCC		\$55		\$55		
	Science: Biology	3 4	Katie Abbott		\$228		\$128		
	Science: Chemistry	3 4	Laura Glassel		\$228		\$128		
	Science: General	2	Judi Davidson		\$223		\$123		
	Science: Physical	2	Laura Glassel		\$228		\$128		
	Sign Language 1	3	Linda Offutt		\$228		\$128		
	Sign Language 2	4	Linda Offutt		\$228		\$128		
	Sign Language 3	2	Linda Offutt		\$228		\$128		
	Spanish 1	1 3	Adriana Luengos- Nolette		\$223		\$123		
	Spanish 2	2	Adriana Luengos- Nolette		\$223		\$123		
	Spanish 3	4	Adriana Luengos- Nolette		\$223		\$123		
	Theater: Acting Techniques (Level 2)	1	Julie Nelson		\$222		\$122		
	Theater: Characterization (Level 1)	3	Julie Nelson		\$215		\$115		
	Theater: Take the Stage!	4	Julie Nelson		\$215		\$115		
	Watercolor 1	2 3	Karen Rohrbach		\$234		\$134		
	Watercolor 2 & 3 returning students	2 3	Karen Rohrbach		\$186		\$86		
	Worldview (Lightbearers)	2	Joshua De Leon		\$223		\$123		
	Writing: Creative Components	3	Heidi Kuiper		\$233		\$133		
	Writing: Format Writing	3	Judi Davidson		\$253	\$153			
	Writing: Essays and College Prep	1	Chris Keswick		\$253	\$153			

Use this form after January 1, 2019



# 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](http://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 6, 2018 to May 10, 2019.

\_\_\_\_\_  
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!**