

Program Tuition and Fees Information 2016–2017

Please complete the fillable fields of this form on your computer; print it out; sign pages 3, 4, and 5; and submit pages 2–5 **with payment** to your Director. Please make all checks for tuition, registration, and fees payable to your Director.

Classical Conversations® FOUNDATIONS Program

(Any children four years old and older by June 1 must be enrolled in the Foundations program in order to remain on campus.)

Tuition (\$13.96/week per student for 24 weeks).....	\$ 335/year
Registration fee* per student per year.....	\$85
Supply fee per student per year.....	\$50
Facility fee**	please see your Director

Classical Conversations® ESSENTIALS Program

Tuition (\$13.96/week per student for 24 weeks)	\$ 335/year
Registration fee* per student per year	\$85
Supplies fee per student per year	\$20
Facility fee**	please see your Director

**Registration fee applies to the first student in each family.*

Additional students enrolling from the same family pay only \$55 registration.

*** Facility fee is determined by community meeting location.*

PLEASE NOTE

Our programs are modestly priced in comparison to other academic programs available to homeschool families. Parents may approach a Director about tutoring as a way to offset their tuition expenses.

PAYMENT TERMS

You are contractually obligated to pay the entire year's tuition at the beginning of the year, even if you leave the program mid-year. The whole year's tuition (\$335/child) and all fees are due by **July 20th**. The local licensed Director will establish the due date if programs begin or families join after July 20th.

OPEN REGISTRATION POLICY

Open Registration for Foundations, Essentials, and Challenge programs usually begins February 1st or later for the following school year. Prior to February 1, current program families have pre-registration priority. Check with the Program Director to find out when their Open Registration begins.

LATE FEES

A late fee may be assessed by your Director on the balance owed. If you are concerned about paying on time, please work out a different payment plan with your Director.

REFUNDS

Monies collected for registration and supplies are non-refundable and non-transferable.

The Director may refund a portion of your prepaid tuition if the Director finds someone to replace your student.

*Classical Conversations Communities are committed to the core values of **Salvation** based on God's provision through Jesus Christ as Lord and Savior; **Sanctification**, the process of growing Christlike through the transforming of one's heart and mind by studying God's Scripture and creation from a biblical worldview; and **Service**, the giving of one's life and gifts to others because He first gave His life for us.*

FOUNDATIONS AND ESSENTIALS PROGRAM PARTICIPATION APPLICATION

EASY FORM FOR RE-ENROLLING FAMILIES

ACADEMIC YEAR _____

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address _____



Please take a moment to create a guest account on our online community, [CC Connected](#). Registration is FREE. We do offer significant subscription discounts to families enrolled in our programs. **If you have already registered, you do not need to register again.** Your program information will be updated by your Director.

Username for our records: _____

		NAME OF STUDENT	DATE OF BIRTH	GENDER	Number of years in	
					Essentials	Foundations
Foundations						
Essentials						

Please list younger siblings and indicate whether they will require childcare. Please note that any children four years old and older by June 1 must be enrolled in the Foundations program in order to remain on campus. Also, please list any older siblings and the Challenge program they might attend.

NAME	Childcare needed	Challenge program level

Name of previous community you have participated in: _____

Other information you would like your Director to know: _____

As the PARENT(S), I (we) recognize the value in committing my (our) time and talents to a dedicated community of homeschoolers. I (We) agree to the following:

1. I (We) understand that it is strongly recommended to attend a Classical Conversations Parent Practicum (if within 100 miles) prior to starting the Classical Conversations® Foundations, Essentials, or Challenge program (and each subsequent year) to more fully understand the classical model of instruction.
2. I (We) understand that I (we) am (are) fully responsible for my (our) child's education and that the Classical Conversations® Foundations/Essentials/Challenge program will enhance that education.
3. I (We) understand that purchasing the required materials from Classical Conversations at book events or www.ClassicalConversationsBooks.com helps keep tuition costs as low as possible and supports Classical Conversations' vision.
4. I (We) understand that the full year's tuition for Classical Conversations Foundations and Essentials and/or a half year's tuition for Classical Conversations Challenge are due before the beginning of each semester, whether my (our) child finishes the program or not.
5. I (We) understand that I (we) am (are) the primary teacher(s) of my (our) child. I (we) will be on campus and in class with my (our) student. I (We) will ensure that my (our) child completes any work given by the tutor to the best of his or her abilities.
6. I (We) understand that if there is a conflict with the local Director, **I (we) agree to follow a conflict resolution plan.**

Parent signature(s) *(Please print this form and sign below.)*

As the STUDENT, I recognize the privilege to participate and enjoy the weekly program meetings. I commit myself to the following:

1. Appropriately participating in class.
2. Respecting my Tutor/Director in words and actions.
3. Working on weekly program work to the best of my ability.
4. Honoring my peers and other students in the program in words and in actions.

Student signature(s) *(Please print this form and sign below.)*



Classical Conversations®
RISK RELEASE WAIVER

I (We), the parent(s) of _____, will assume full responsibility for any Accident/Medical Insurance needed to cover my (our) child in the case of accidental injury, or the like, while my (our) child is attending Classical Conversations. I (We) will not hold Classical Conversations and licensed or approved representatives responsible in any manner for injury.

parent signature date

parent signature date

Parental Compliance Agreement

I (We), the parents of _____, fully satisfy the laws of the state in which I (we) currently reside, with all the rights and privileges as outlined in my (our) state's homeschool laws. I (We) understand that I (we) am (are) primarily responsible for my (our) child's education and that Classical Conversations is a complementary service to my (our) homeschooling program.

parent signature date

I (We) agree to pay the **full year's tuition** for my (our) Foundations and/or Essentials programs and/or the **full semester's** tuition due for my (our) Challenge programs whether my (our) child finishes the program or not. (This is standard practice among private school options and should be carefully considered before enrolling your child.)

parent signature date

Classical Conversations, Inc. is a registered business name. Please do not use it to name your school with your state department of education. We suggest a name similar to *Smith's Classical Academy*. Please feel free to use Classical Conversations as your curriculum source. DO NOT enroll your home school in partnership with Classical Conversations on your state's homeschool registration form. We are a tutoring service, not a school.

Classical Conversations admits students of any race, color, national, and ethnic origin to all the rights and privileges, programs, and activities made available to enrolled students. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admission policies, or tuition assistance, nor in hiring facilitators, tutors, or administrators. We are a Christian organization and hold to the orthodox doctrines of the Christian faith.

FAMILY RELEASE & AUTHORIZATION TO USE NAME, IMAGE, and LIKENESS

NAME	AGE (of minor)	PROGRAM or ACTIVITY

I, the undersigned, hereby grant Classical Conversations, Inc., its subsidiaries and affiliates, its officers, directors, employees, and its agents (“Classical Conversations”), permission to use, adapt, modify, reproduce, distribute, publicly perform and display, in any form now known or later developed, my name, image, likeness, and/or voice (my “Likeness”) throughout the world and to incorporate or publish my Likeness in publications, catalogs, brochures, books, magazines, exhibits, motion picture films, videotapes, internet and/or other media (the “Works”), and any commercial, informational, educational, advertising, or promotional materials related thereto.

I release and agree to indemnify, defend, and hold harmless Classical Conversations, its agents, and assigns (the “Released Entities”) from any and all claims I may have now or in the future for invasion of privacy, rights of publicity, copyright infringement, defamation, or any other cause of action arising out of the use, reproduction, adaptation, distribution, broadcast, publication, performance, or display of my Likeness.

I waive and forego any right to inspect or approve any Works that may be created using my Likeness and waive any claim with respect to the eventual use to which my Likeness may be applied. My Likeness may be used at Classical Conversations’ sole discretion alone or in conjunction with any other material of any kind or nature.

I understand and agree that Classical Conversations is and shall be the sole and exclusive owner of all right, title, and interest, including but not limited to copyright and rights of publicity, in the Works and any commercial, informational, educational, advertising, or promotional materials related thereto.

I am of full legal age, and I have read this Release & Authorization and understand its contents. By the signature(s) below, a minor child’s parent(s) or legal guardian(s) indicate, on behalf of their minor child, their full and unqualified consent to the terms of this Release & Authorization. *(Please print this form and sign below.)*

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(For use of Minor’s Likeness)