

Classical Conversations®

Program Tuition and Fees Information 2015–2016

Please complete the fillable fields of this form on your computer, print it out, sign pages 3, 5, and 6, and submit pages 2–6, **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 **July 20th**. Local licensed directors 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.

*CC 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.*

PROGRAM APPLICATION

If information varies significantly from student to student in your family, please submit one copy of this page per student who is applying for Classical Conversations Program Participation. Thank you.

Tell us about your schooling experience and educational philosophy.

Have you always homeschooled your children? Tell us about your child's schooling experiences.

Have you participated in Classical Conversations before? If so, in which community and program(s)?

How long have you homeschooled your children?

Do you plan on homeschooling through high school? Explain.

Anything else your Classical Conversations Director should know about your schooling experience to better understand your family:

How would you describe your schooling philosophy? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Unschool | <input type="checkbox"/> Unit studies | <input type="checkbox"/> Eclectic (mixture) |
| <input type="checkbox"/> Charlotte Mason | <input type="checkbox"/> Journaling | <input type="checkbox"/> Still learning about this |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Traditional (i.e., <i>Abeka</i> ,
<i>Bob Jones</i> , etc.) | <input type="checkbox"/> Other (describe below) |

On the scale below, please indicate your familiarity with and use of the classical model in your homeschool:

○ ————— ○ ————— ○ ————— ○ ————— ○

Would like to learn

Familiar and used moderately

Knowledgeable and used

PROGRAM PARTICIPATION

Family Covenant:

As PARENTS we recognize the value in committing our time and talents to a dedicated community of homeschoolers. We agree to the following:

1. I understand that it is strongly recommended to attend a CC Parent Practicum (if within 100 miles) prior to starting the Classical Conversations® Foundations, Essentials, or Challenge program and each year to more fully understand the classical model of instruction.
2. I understand that I am fully responsible for my child's education and that the Classical Conversations® Foundations/Essentials/Challenge program will enhance that education.
3. I understand that purchasing the required materials from Classical Conversations at www.ClassicalConversationsBooks.com will help keep tuition costs as low as possible and supports Classical Conversations' vision.
4. I 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 at the beginning of each semester, whether my child finishes the program or not.
5. We understand, as the parents, we are the primary teachers of our children. We will ensure that our children complete any work given by the tutor to the best of their abilities.

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



Please take a moment to create a guest account on our online community, [CC Connected](#).
Registration is FREE!

Username for our records: _____

As STUDENTS we recognize the privilege to participate and enjoy the weekly program meetings. We commit ourselves 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's signature(s) *(Please print this form and sign below.)*

STUDENT INFORMATION SHEET

Student's Name _____ Grade _____ (as of Sept. 30)

Birth date _____ Age _____ (as of Sept. 30) Gender _____

Parents' Names _____

Home Address _____

Home Phone _____ E-mail address _____

Emergency Contact Person _____ Phone _____

Doctor's Name _____ Phone _____

Please list the name of your medical insurance or medical share provider _____

Please list the ID number of your family medical plan _____

Special medical, health, allergy, dietary information _____

Please give a brief history of student's past educational experiences: _____

What do you see as your student's educational strengths and weaknesses? _____

Extracurricular activities? _____

I wish to enroll my student in (check one):

Foundations

Challenge A

Challenge I

Challenge III

Essentials

Challenge B

Challenge II

Challenge IV

Please note the following when registering your student for the Classical Conversations Challenge program: (1) Challenge full strand-enrolled students receive priority enrollment. Please keep in mind that the cost of our rigorous middle and high school-age Challenge programs is modest compared to other private classical and Christian options. We value homeschool parents and their commitment to a classical, Christian education at home.

(2) Experience has shown that students who attend all of the seminars develop stronger friendships and trust among the other students, which

is an important part in acquiring the confidence necessary to improve their rhetorical skills. They also see connections between subjects more readily, which facilitates integrated learning.

Please return this form with the \$125 non-refundable, non-transferable registration fee for the CHALLENGE program, \$85* non-refundable, non-transferable registration fee for the FOUNDATIONS and/or ESSENTIALS program, payable to the Director of the program your child will attend. If enrollment is denied, fees will be fully refunded.

*Registration fee for Foundations and Essentials applies to the first student in each family. Additional students enrolling in Foundations or Essentials from the same family pay \$55 registration.



Classical Conversations®
RISK RELEASE WAIVER

We, the parents of _____, will assume full responsibility for any Accident/Medical Insurance needed to cover our child in the case of accidental injury, or the like, while our child is attending Classical Conversations. We will not hold Classical Conversations and licensed or approved representatives responsible in any manner for injury. *(Please print this form and sign below.)*

parent signature date

parent signature date

Parental Compliance Agreement

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

parent signature date

We agree to pay the **full year's tuition** for our Foundation and/or Essentials programs and/or the **full semester's** tuition is due for our Challenge programs whether 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 Smith's Classical Academy or something similar. 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 home school 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.

RELEASE & AUTHORIZATION TO USE NAME, IMAGE & LIKENESS

Program / Seminar / 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.)*

Name: _____ Age: _____

Signature: _____ Date: _____

Parent(s)/Guardian(s): _____ Date: _____

(For use of Minor’s Likeness)

Signature of Parent(s)/Guardian(s): _____