

Living Bridges Education Program

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Academic Year 2018-2019 Family Enrollment Form

Parents' Names _____

Address _____

City _____ State _____ Zip _____

County _____

Home Phone _____ Fax _____

Mom's cell _____ Dad's cell _____

E-mail address _____ Parish _____

This is our first time registering for the Education Program

Our family participated in the Education Program during the _____ academic year(s).

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### Family Contribution 2018-2019:

| Registration                                               | By August 1, 2018         |           |
|------------------------------------------------------------|---------------------------|-----------|
| Each family pays annually                                  | \$300                     |           |
| Program                                                    | Family 2 or more children | One Child |
| <input type="checkbox"/> Enrichment Program                | \$1300                    | \$1000    |
| <input type="checkbox"/> Academic Program                  | \$2000                    | \$1000    |
| <input type="checkbox"/> Both Enrichment and Academic      | \$3000                    | \$1700    |
| Teacher discount applied to Academic Program (\$250/class) |                           |           |

### Balance Calculations

|                         |           |
|-------------------------|-----------|
| Registration            | \$        |
| Program Total           | + \$      |
| Less discount           | - \$      |
| <b>Total Amount Due</b> | <b>\$</b> |

Please check one to indicate contribution frequency.

We will make payments:  annually  quarterly

**\*\* First contribution Due August 13, 2018**

For office use only

Date received:  
Payment enclosed:  
Notes:

WP:  
check #

**2018-2019 Living Bridges Enrichment Program**

**We wish to enroll our family into the Enrichment Program for Academic Year 2018-2019.**

We understand that this program requires at least one parent to be present throughout the day; we will designate a parent to look after our children in case of emergency. If we need special arrangements on an ongoing basis, we will notify Living Bridges of our situation.

Below are the children we are enrolling in the program: (in the order of oldest to youngest)

|    | Name | age* | Birthdate | special / medical needs or allergies |
|----|------|------|-----------|--------------------------------------|
| 1. |      |      |           |                                      |
| 2. |      |      |           |                                      |
| 3. |      |      |           |                                      |
| 4. |      |      |           |                                      |
| 5. |      |      |           |                                      |
| 6. |      |      |           |                                      |
| 7. |      |      |           |                                      |

\* as of September 30<sup>th</sup>, 2018

We understand that in order to successfully make our classes run smoothly, all parents are asked to serve in some capacity during the day for a minimum of two class periods. I understand I will be contacted before the start of the program in order to determine my assignment

**I am interested in serving in the following areas:** (check at least 2)

**Serving 2 class periods in a classroom:**

- Nursery (infants – 2 year olds)
- Classroom assistant in the Preschool class for ages 3-4
- Classroom assistant for Catechesis of the Good Shepherd  
     I do / do not have experience serving in the CGS program    level 1    level 2    both
- Classroom assistant for an older class: (circle any of the areas you would enjoy assisting)  
     art                      gym                      music                      religion
- I have an interest in teaching a class. \_\_\_\_\_ Preferred age level \_\_\_\_\_

**Other important areas to serve:**

- Ringing the bell through the day for changing classes
- Liturgy team, coordinating our liturgies, employing the talents of our students  
      I am interested in assisting with music at Mass
- Clean-up at the end of the day (during 4<sup>th</sup> period)

**Preferred situation:**

- I prefer to be in a class with my children (ages \_\_\_\_\_)
- It is better for me to serve in an area apart from my children.

|                                                  |
|--------------------------------------------------|
| <b>2018-2019 Living Bridges Academic Program</b> |
|--------------------------------------------------|

In addition to home and cell phone numbers, please furnish us with any other phone numbers we would need to contact you in the event of sickness or an emergency.

Mother's contact information: phone \_\_\_\_\_

Father's contact information: phone \_\_\_\_\_

Emergency contact #1: \_\_\_\_\_ cell: \_\_\_\_\_  
Relationship \_\_\_\_\_ home: \_\_\_\_\_

Emergency contact #2: \_\_\_\_\_ cell: \_\_\_\_\_  
Relationship \_\_\_\_\_ home: \_\_\_\_\_

Family physician: \_\_\_\_\_ phone: \_\_\_\_\_  
Insurance carrier: \_\_\_\_\_ subscriber \_\_\_\_\_  
ID # \_\_\_\_\_ group # \_\_\_\_\_

Please list any classes you may be interested in attending if Academic Support classes were to be offered. List the class, and also the age/grade of the child to be enrolled. Which day/time would be preferred? Tuesday or Thursday?  
(cost would be determined per class)

If interested, please list any classes you may enjoy teaching for an academic support day? List a day you would be available?  
Example: history, science labs, writing, foreign language, etc.

Please complete the following questions:

Is this your first year with home-based education? \_\_\_\_\_

How many years have you done this? \_\_\_\_\_

How did you hear about Living Bridges? \_\_\_\_\_

Are you in need of the following services? \_\_\_\_\_

- Standardized testing
- Evaluations

**Policies:**

Photo waiver: We hereby give permission for our children to allow their photograph to be taken for the purpose of publication in any Living Bridges newsletters or promotional materials. The photographs will not be sold or distributed through any other source other than Living Bridges ministry.

(\_\_\_\_\_)  
Please initial

Liability waiver: We hereby release Living Bridges ministry from all responsibility of injury that occurs on the premises during the Education Program.

(\_\_\_\_\_)

Family contributions are based on an expected number of families participating in each program. Living Bridges will make every attempt to keep the costs down while still providing a high quality program. Families may contribute on an annual or quarterly basis according to their situation. Contribution is due on or before the 15<sup>th</sup> of each month of their designated plan. Because Living Bridges is a ministry, no family will be turned away for financial reasons.

We understand that no refunds can be made if a family chooses to drop out of the program.

(\_\_\_\_\_)

Special Needs: If a child is determined to have special needs beyond the capacity of Living Bridges to serve him/her successfully and the child leaves the program, any overpayment of tuition will be refunded.

(\_\_\_\_\_)

Background clearances All of our teachers and volunteers must have a Criminal History Clearance and a Child Abuse Clearance due to the fact that they are serving children. If I volunteer in any capacity for either program, I will provide a current copy of each of these clearances.  I have already completed these clearances and can provide copies.

- I need to complete these clearances and request the paperwork.

(\_\_\_\_\_)

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Date

Please return this completed registration form with the registration contribution of \$300.00 no later than August 1, 2018. First contribution is due August 13, 2018.