Shepherd's Heart Registration & Parent Agreement Form 2024-2025

Parent's Name:				
Last N	ame	Dad		Mom
Home address:				
		City	State	Zip
Email:				
	Mom ³			
Dad's Cell: Dad's employment:				
How many years have	ve you homeschooled?			
Where do you attend	church?	Pastor:		
Student's Names, bir	thdates* and grades: (use the b	oack if needed) * PreK stud	dents required to be age	4 by Aug. 1st
Name	male/female	Birth Date	Grade 2024-25	
Name	male/female	Birth Date	Grade 2024-25	
Name	male/female	Birth Date	Grade 2024-25	
•	& relationship to student:	Phone:		
Physician's Name & name of practice:			hone:	
	ng to your child (ex. allergies, sp			
Persons (besides pare	ents) who are authorized to pice 2.	k up your children (use the	e back if necessary):	
Name & Relationship		Name & Relationship		
in charge to take whatever s	event that my child becomes ill or susta steps necessary in the administration of a copy of this form is as valid as the ori	first aid. I understand that this con	sent will apply only in emergen	cy situations
	I recognize and accept that tuition and r financial commitment to Shepherd's H		gardless of any circumstances by	either party. I
• Tuition \$680 per studen	nt – paid \$85 per month, \$340 per se	emester, or \$680 per year		
	per child (registration includes supplistration. Check only. Please use Fe		on cap is \$345 per family} R	egistration
Parent Signature			Date	
I give permission to Shep	pherd's Heart to publish my phone n	number & email in the family d	lirectory for tutorial use ONL	Υ.
(initial)				