

Program Tuition and Fees Information

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:

Classical Conversations® CHALLENGE Program

CHALLENGE A, B, I, II, III & IV

(Students must be at least twelve years old by September 30 to enroll in Challenge A.)

Tuition (30 weeks per student)..... \$1,275/year

All Challenge programs include these six strands in various fields of study: Debate, Rhetoric, Exposition and Composition, Research, Grammar, and Logic.

Application fee per student per year..... \$125

Lab fee* per year up to \$50

Facility fee** please see your Director

**Please consult your tutor for specific lab fees.*

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

PLEASE NOTE

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.

Experience has shown that students who attend all of the seminars develop strong friendships and trust, which gives them the confidence necessary to improve their dialectic and rhetorical skills. They also see connections between subjects more readily, which facilitates integrated learning.

Tuition payments are paid directly to your Program Director. Students enrolled in Challenges A–II pay full tuition. Questions about tuition options for Challenges III–IV should be addressed to your local licensed Challenge Program Director.

PAYMENT TERMS

You are contractually obligated to pay the entire semester's tuition even if you leave the program mid-semester. The first semester tuition is due by **July**, and second semester tuition is due by **January** (please see your Director for specific payment due dates for your community).

OPEN REGISTRATION POLICY

Please see your Director for specific registration dates. Open Registration usually begins in February for the following school year, after families currently enrolled in that community have had an opportunity to renew their registrations. If a program fills up, please contact the Director or the Support Representative to express interest in joining a licensed Classical Conversations® program.

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.*



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2017–2018

Cultivating the Love of Learning

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 child? 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 child?

Do you plan on homeschooling through high school? Explain.

Please add 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 (e.g., <i>Abeka</i> , <i>Bob Jones</i> , etc.) | <input type="checkbox"/> Other (describe below) |

Do you use social media? Please check sites you actively maintain:

- Twitter
 Facebook
 Pinterest
 LinkedIn
 Snapchat
 YouTube
 Instagram
 Google+

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



Would like to learn

Familiar and used moderately

Knowledgeable and used



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 to produce high-quality, affordable resources that are accessible to homeschooling families.
4. I (We) understand that the curriculum guide and other proprietary educational materials published and produced by Classical Conversations are intended for use within the context of programs sponsored by our local Classical Conversations Directors and that re-selling, distributing, or creating copies of these books and materials to unlicensed third parties undermines Classical Conversations’ vision to produce high-quality, affordable resources that are accessible to homeschooling families.
5. 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.
6. 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.
7. 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.)*



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2017-2018 CHALLENGE PROGRAM PARTICIPATION INFORMATION

Student Name _____ Age _____ (as of Sept. 30)

Birth Date _____ Gender _____

Parent Name(s) _____

Home Address _____

Phone _____ E-mail address _____

Emergency Contact Person _____ Phone _____

Physician _____ Phone _____

Medical insurance or medical share provider _____

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 (our) student in (check one):

Challenge A

Challenge I

Challenge III

Challenge B

Challenge II

Challenge IV



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: _____

Please note the following when registering your student for the Classical Conversations Challenge program: (1) Challenge III and IV 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 application fee for the CHALLENGE program, payable to the Director of the program your child will attend. If enrollment is denied, fees will be fully refunded.



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2017–2018

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

I (We) agree that the curriculum guide and other proprietary educational materials published and produced by Classical Conversations® for our child's program are for personal use only and should always be used under the guidance of a licensed Classical Conversations Director. I (We) agree to never share, redistribute, create copies of, or re-sell these materials to third parties who are not licensed by Classical Conversations to conduct or participate in these programs.

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 or Secretary of State. 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)