

# Sound Learning Registration – 2017-2018



## Instructions:

Fill out one complete form for each student, including the information form, the class registration form and the liability form. Please print clearly in blue or black ink and ensure that all pages are stapled together. Enclose a check for the total registration fee and mail the completed registration form to . . .

**Tess Doornink**  
**17686 Viking Way NW**  
**Poulsbo, WA, 98370**

When registration is received, you will be contacted at the e-mail address provided below in Parent Information.

## Student Information:

Name: \_\_\_\_\_ Male  Female   
First Middle Initial Last

Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Grade: \_\_\_\_\_ E-mail: \_\_\_\_\_  
As of 2017-2018 Include if applicable

Address: \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street City State Zip

Health Concerns:  
Allergies: \_\_\_\_\_  
Prescription medications: \_\_\_\_\_  
Other medical conditions, concerns: \_\_\_\_\_

## Parent Information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
First Last First Last

Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Include if applicable Include if applicable

Work #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Include if applicable Include if applicable

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Required Include if applicable

## Emergency Information:

Who can we contact if we cannot reach a parent?

**Contact 1**  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
First Last

Home #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Include if applicable Include if applicable

Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Include if applicable

**Contact 2**  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
First Last

Home #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Include if applicable Include if applicable

Cell #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Include if applicable

## Physician

Doctor's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Sound Learning Registration 2016-2017 (continued)

Student Name: \_\_\_\_\_

**Register for Classes:** Select up to one class in each time slot by checking the appropriate box. If there is a wait list for the class, or any information about the class changes, you will be contacted at the e-mail addresses provided above under Parent Information.

There is a \$25.00 registration fee for the first class, and \$15.00 for each following class. Registration fees are capped at \$55 per student. If you are enrolling multiple students, there is a cap of \$105 per family. There are no registration fees for Study Hall. Please write a single check. Please make your check to Sound Learning.

Time	Class	
<b>8:30</b>	Composition -Following Narnia Vol 2 8 <sup>th</sup> -12 <sup>th</sup> gr.	<input type="checkbox"/>
	Physical Science 9 <sup>th</sup> -12 <sup>th</sup> grade	<input type="checkbox"/>
	Algebra 2 – 10 <sup>th</sup> -12 <sup>th</sup> grades	<input type="checkbox"/>
	Advanced Literature and Comp 11 <sup>th</sup> -12 <sup>th</sup> gr	<input type="checkbox"/>
	Study Hall	<input type="checkbox"/>
<b>9:55</b>	World Studies – 6 <sup>th</sup> -8 <sup>th</sup> grades	<input type="checkbox"/>
	Literature/Composition – 8 <sup>th</sup> -9 <sup>th</sup> grades	<input type="checkbox"/>
	Geometry – 9 <sup>th</sup> -12 grades	<input type="checkbox"/>
	Chemistry 9 <sup>th</sup> -12 <sup>th</sup> grades	<input type="checkbox"/>
	Study Hall	<input type="checkbox"/>
<b>11:20</b>	Composition Following Narnia Vol 1 6 <sup>th</sup> -7 <sup>th</sup> gr.	<input type="checkbox"/>
	Algebra 1 8 <sup>th</sup> -12 <sup>th</sup> grades	<input type="checkbox"/>
	Washington State History – 9 <sup>th</sup> -10 <sup>th</sup> grades	<input type="checkbox"/>
	United States History 10 <sup>th</sup> -12 <sup>th</sup> grades	<input type="checkbox"/>
	Study Hall	<input type="checkbox"/>
<b>1:00</b>	Life Science – 7 <sup>th</sup> -9 <sup>th</sup> grades	<input type="checkbox"/>
	Intro to American and World Lit 9 <sup>th</sup> -10 <sup>th</sup> gr.	<input type="checkbox"/>
	Advanced Mathematics – 11 <sup>th</sup> -12 <sup>th</sup> grade	<input type="checkbox"/>
	Study Hall	<input type="checkbox"/>
<b>2:25</b>	Introductory Logic – 8 <sup>th</sup> -12 <sup>th</sup> grades	<input type="checkbox"/>
	Reliability of the Bible/Comparative World Religions 9 <sup>th</sup> -12 <sup>th</sup>	<input type="checkbox"/>
	Study Hall	<input type="checkbox"/>
<b>Total # of classes(not including Study Hall):</b>		—



# of Classes	Registration Fee	
1	\$25.00	<input type="checkbox"/>
2	\$40.00	<input type="checkbox"/>
3 and above	\$55.00	<input type="checkbox"/>
Family cap	\$105.00	<input type="checkbox"/>

The registration fee is capped at three classes (\$55.00) for individual students. There are no registration fees for Study Hall, but there is a \$25 fee per semester. All students who are not enrolled in a class and are on campus, must enroll in Study Hall.

If you have multiple students taking five or more classes in total, registration is capped at \$105.00.

**Please make checks out to Sound Learning Teaching Services.**

The registration fee holds your student's place in the classes that they have been registered for. It is non-refundable and does not apply towards tuition.

## Sound Learning Registration 2017-2018 (continued)

Student Name: \_\_\_\_\_

### Final Details:

By signing below, I ensure that . . .

- I have read and fully understand the specific requirements for each course I have registered my student for, as well as the general course requirements as listed at <http://kitsapsoundlearning.com/prospective-students/course-requirements/>.
- I have read the [Sound Learning Student Handbook](#) and agree to abide by the policies set forth by Sound Learning administration. I understand that failure to abide by these policies may result in removal from the program.
- I have read and acknowledged [Sound Learning's Statement of Faith](#). I understand that Sound Learning is a faith based program and that courses reflect the desire to instill a sound Biblical worldview in all subject areas.
- I understand that the registration fees are non-refundable and that my student may be placed on a wait list if the classes they are registered for are full at time of their registration.
- I understand that all students not enrolled in a class who remain on campus are required to be in study hall for that period. A \$25 fee per semester is assessed for that service.
- I understand that parents of new students will need to complete a Student Survey.
- I understand that in my confirmation email I will be provided with an access code to join our online learning management program, Schoology. All students need to use the access code to join Sound Learning Families 2017-18. **Registration is not considered complete until the student is registered at Schoology.com and has joined the Sound Learning Families course.** Failure to join in a timely manner, will jeopardize a student's placement in Sound Learning. Students will need daily access to this online program.

X \_\_\_\_\_

### Optional Photography and Media Release:

If and/or when my child is enrolled in Sound Learning classes, I grant to Sound Learning the right to take photographs of my child in connection with attendance to said classes. I authorize Sound Learning, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Sound Learning may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above.

X \_\_\_\_\_

# Sound Learning

## AGREEMENT TO ASSUME RISK OF INJURY AND TO RELEASE LIABILITY

In consideration of being permitted to use the facilities and equipment of Peninsula Bible Fellowship (PBF) under the supervision of Sound Learning staff, I acknowledge and agree that:

I release and hold harmless and promise not to sue Sound Learning administrators; I further release and hold harmless without limitation all instructors and assistants, with respect to any and all such injury, death, or other loss except that injury or loss which results from the gross negligence or the willful, reckless or wanton misconduct of one of the persons or entities otherwise released hereby. I release and hold harmless and promise not to sue PBF for any injury, death, or other loss occurring on or proximately caused by its premises or equipment unless a condition exists that is patently dangerous and was previously known by the leaders of PBF.

Prior to pursuing any sort of litigation against Sound Learning, Sound Learning staff, Sound Learning volunteers, or PBF, I agree to first initiate alternative dispute resolution from a local (Kitsap County), Christian, certified mediator. In the event of litigation or actions leading up to litigation (including alternate dispute resolution), I agree to pay all attorney fees and costs incurred by the Sound Learning leaders and/or owners/employees of the facilities used.

Medical assistance: I hereby grant permission for any medical attention my child/children may need during participation in Sound Learning. I understand that every effort will be made to contact me, but that in an emergency or in the event that I am not immediately available, Sound Learning staff will take whatever action is deemed necessary.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the below named student.

In the event it becomes necessary for the Sound Learning staff to obtain emergency care for my child, neither Sound Learning staff/volunteers nor PBF assumes financial liability for expenses incurred because of accident, injury, illness and /or unforeseen circumstances.

This document embodies the full and complete agreement regarding assumption of the risk and waiver and release of liability and there are no promises, verbal understandings or agreements of any kind pertaining to this agreement other than as specified herein.

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*Student name*

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*Parent name*

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X  
*Parent's Signature*

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*Date*