

**Enrollment Application
2016-2017**

Part A – Family Information

Father/Guardian _____
Last First Middle Preferred Name

Home Address _____
Street City State Zip

Home phone (_____) Cell phone (_____)

Occupation/Title/Employer _____

Work Phone: (_____) Email _____

Preferred method of communication: ___ email ___ text ___ call

Mother/Guardian _____
Last First Middle Preferred Name

Home Address _____
Street City State Zip

Home phone (_____) Cell phone (_____)

Occupation/Title/Employer _____

Work Phone: (_____) Email _____

Preferred method of communication: ___ email ___ text ___ call

Student(s) live with (check ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> Mother and Father | <input type="checkbox"/> Father Deceased |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Mother Deceased |
| <input type="checkbox"/> Parents Separated | <input type="checkbox"/> Parents Divorced |
| <input type="checkbox"/> Father | <input type="checkbox"/> Father Remarried |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Mother Remarried |
| <input type="checkbox"/> Stepfather | <input type="checkbox"/> Stepmother |

Home Church _____
Address _____

Street City State Zip
Website _____

Are you members of this church? Y N

Which services do you attend and how regularly? _____

Civic/Charitable Organizations: _____

Why do you think CHET is a good match for your family? _____

Describe your typical school day _____

Who is the primary teacher in your home? _____

Part B – Student Information

Full Legal Name _____
Last First Middle Preferred Name

Date of Birth _____ Current Age _____ () Male () Female

Social Media accounts _____

Applying for grade _____

Umbrella School _____
Name Address City State

Extra curricular activities/hours per week (sports, scouts, etc) _____

Other schools attended:

Name of School	City	State	Year attended
Name of School	City	State	Year attended
Name of School	City	State	Year attended

CHET Fee Schedule 2016-2017

Registration fee

Before June 1st, \$125.00 per student, maximum \$375.00 per family

After June 1st, add \$50

A refund of all but \$25, can be requested, should the student not enroll at CHET by the start of classes.

Tuition

The following rates are for most classes.

Tuesday or Thursday only 7th-12th Grade classes: \$212.50 per year

Tuesday/Thursday classes or 2 Hr. classes: \$425 per year

Private Music/Voice Lessons: \$16 per lesson, \$512 per year

Art/Sonja DiMeola: Art II \$336 per year 1.5 hour for oil painting

Art I \$224 per year for Drawing with Mixed Mediums

Free Time Room/Study Hall: \$32 per half hour per year, \$64.00 an hour

Tuition Payment Options:

Option 1 – pay in full: tuition due Aug. 15th .

Option 2 – Tuition due in two payments made on or before August 15th and December 15th .

Option 3 – Tuition due in 10 equal payments August through May on the 15th of each month

(\$50 fee, automatic debit only)

Students may not be allowed to attend classes if their account is not current.

On each class description the tuition fee and extra fee, if required is listed.

The class schedule and staff assignments are made based on the number of students enrolled. Staff salaries are dependent on parents honoring their commitment to enroll in a class. Parents will be responsible for the full year's tuition whether or not their child completes the full year, for any reason.

Tuition Grants

CHET may offer need-based tuition assistance on a case-by-case basis.

Please see the Financial Operations Manager for details.

Free Time Room (REQUIRED IF NOT IN CLASS) Each hour time slot used will be charge \$64.00 for the year. We have paid monitors in this area. Your student will be expected to sign in for role call if their name is on our list. You must sign up for this at the time of registration. Make sure all free time is accounted for. You will need to notify Sherry Paugh if you need to have a 1/2 hr. slot fee.

***After applications have been accepted, there is a \$10 charge for each change made. You will be billed for the charges.**

***An effort has been made to finalize the class schedule, however, some classes could be subject to change. You will be notified if such is the case (there will be no charge to the parents for course changes made by the center.)**

***Certain classes will require you to purchase the assigned text or supplies. Specific titles will be listed in the course descriptions.**

***To ensure our teachers receive their due payments in a timely manner, we will not be accepting monthly cash payments during the course of the year.**

***Tuition and Registration are not tax deductible.**

You must show proof of enrollment in an umbrella school, or by the state, to attend classes at CHET. You will not be allowed into class until this proof is in our hands. Due August 15th, 2016.

Please Note:

Should a student be expelled, or parents choose not to have their child continue in the classes, no refunds will be given.

Instruction to CHET To pay your monthly dues/bill by direct debit.

Please complete the following, to instruct Heritage Bank
to make payments directly from your bank account.

Your bank information

Bank Name: _____

Routing #

--	--	--	--	--	--	--	--	--	--

Your Bank Account number:

--	--	--	--	--	--	--	--	--	--

Amount of tuition can be paid in full(By Check)Due: August 15 \$_____

or

Amount to be debited monthly: \$_____

First Automatic Debit:\$_____Date: August 15

Each month thereafter debits on the 15th of the month.

Your signature:_____

Print Name:_____

Your instructions to this company and your signature allows:

1. I instruct you to pay direct debits from my account at the request of this company.
2. If the amount should change you will notify me in advance prior to debiting my account.
3. I will inform you and my bank should I wish to cancel this instruction.
4. I understand that if any direct debit is paid which breaks the terms of this instruction, this company will make a refund.
5. This bank draft authorization form must be sent to CHET with your registration fees

Important, please read: CHET depends on total class tuition for registered classes to pay our teachers. Should a student be expelled or parents choose not to have their child continue in class, total tuition fee \$_____ is still required.

Please Send to:

**CHET: c/o Sherry Paugh
4040 Marydale Drive
Nashville, TN 37207**

- I will behave during free time and talk quietly.
- I will treat all people and property with respect, courtesy, consideration and compassion. I will avoid teasing, insults, name-calling, swearing, and other language or non-verbal conduct likely to offend, hurt or set a bad example. I will be kind.
- I will act in a responsible manner at all times.
- I will walk quietly and orderly while changing classes. I will not run.
- I will pay attention in class and respect my teacher. I will not talk back to a teacher or adults in authority.
- I will not leave the assigned area without permission of the teacher. I must either be in my class or the free time room. I will not wander around the building. The fire codes require that there is an accounting of where every student is in case of a fire.
- I will leave all electronic devices (CD player, Mp3, etc.) at home unless it is part of an assignment by the teacher. CHET is only one or two days a week.
- I will enjoy my food, candy, gum and drinks only in the lunch area and not get them out during classtime.
- I will not leave the campus without permission of a DIRECTOR or parent.
- I will keep noise to a minimum out of respect to others.
- I will not possess or use pocket/hunting knives, lighters/matches or any mock weapon at CHET.
- I will turn my cell phone off or on vibrate while at CHET. If there is an emergency you should contact the director, Vicki Carroll, at 615-330-7875.
- I will accept all responsibility for restoring/replacing anything damaged at CHET that belongs to someone else.
- I will arrive on time to each class...to the best of my ability.
- I will park my car, if I drive, in the designated parking area.
- I will dress modestly in accordance with the guidelines in the CHET Handbook.

I understand that if I do not follow the guidelines, I may expect any of the following:

- to be verbally corrected by a teacher, or adults in authority.
- to be removed to the back of the classroom or out into the hall.
- to have a Disciplinary Incident Report added to my file.
- to be sent to the Teacher/Student Liaison, Tracy and Brandon Stakelbeck or Shawn Adams Simms
- for my parents to be called to come in for a meeting with the teacher and Tracy and Brandon Stakelbeck or Shawn Adams Simms.
- to be dismissed from CHET for the day. My parent will have to come get me.
- to be suspended or expelled from CHET if there is no remedy of the situation if the misbehavior continues. There will be no refunds.

Signature

Student Name (last) _____ (first) _____

CHET Policy Acknowledgment Form

Academic Policy: In the event that a student has 2 or more missed assignments or unexcused absences, the teacher will contact the parent to notify them of the problem. If there is an additional missed assignment or absence in the same school year, the parent will be contacted by the Student/Teacher Liaison as a second warning. In the event of continued missed assignments/absences the student will be subject to dismissal from that particular class and potentially the CHET program (without refund).

Should a student's grade fall below a 'C' in any class, the teacher will notify the parent and the Liaison. If the grade is not brought up to a 'C' within two weeks, the liaison will consult with the parent and student and see what corrective measures can be taken, including possible removal from the class. If a student ends the year with a grade less than 'C' in any class, that student will be required to interview with the Director prior to registration the following year.

Behavioral Policy: If the student does not respond to verbal correction, the teacher will email the parent. Should the misbehavior continue, the Student/Teacher Liaison will contact the parents. If the Student/Teacher Liaison needs to make a second call to the parents, a conference will be arranged with the parents, teacher, and director, and an incident report will be required. Students whose behavior is a continual problem will be dismissed permanently from class and/or the CHET Program after the parents have been notified. No refunds will be given, and the parents will remain responsible for the balance of tuition after dismissal. *The student code of conduct, dress policy, and behavioral policy may be found in the CHET handbook.*

Tuition Payment Policy: All student accounts must be current prior to the start of classes. Payments may be made in full at the beginning of the year (\$50 discount), made twice (August 15 and December 15), or in 10 installments (automatic debit only in the 15th of each month). **Should the student withdraw for ANY reason except relocation out of the commuting area, the parent will still be responsible for the remaining balance due.**

I have read and fully understand, and agree to abide by CHET's academic policy, behavioral policy, and tuition payment policy.

Parent _____

Parent _____

Student _____

Date _____

CHET

Sign-Out Authorization for 7th-12th

I, _____, hereby give permission for
(print parent name)

_____ who is in _____ grade to sign themselves
(print student name)

out at CHET upon departure, only when classes are complete and leaving campus.

Parent Signature

Date

CHET

Sign-Out Authorization form for Student Drivers (16-18 yrs.)

I, _____, hereby give permission for
(print parent name)

_____, who is a student driver, to sign
(print student name)

themselves out only if he or she has permission from the parent.

This includes anything off campus and then returning.

Parent Signature

Date

THIS IS A LEGALLY BINDING RELEASE OF CLAIMS.
CONSULT AN ATTORNEY

FULL RELEASE OF
GRACE BAPTIST CHURCH (GBC) OF NASHVILLE, TENNESSEE

For and in consideration of access to GBC of Nashville, TN (the "Church") and any other property or facilities owned by or associated with the Church, the undersigned hereby assumes all risk of injury to himself or herself and damage to his or her property on or about such premises. The undersigned hereby waves all claims, causes of action, demands, rights, damages, liability, cost, attorney's fees, and expenses of any and every kind whatsoever (the "Claims") arising out of any act or omission by the Church, and each of its employees, officers, deacons, agents, and/or their heirs, successors or assigns (the "Released Parties"), and releases the Released Parties from all such Claims, whether known or unknown, however and whenever arising, which the undersigned, his or her successors, heirs, or assigns, now or in the future, may have against any Released Party. If this Release is being signed by a parent or legal guardian on behalf of a minor, the parent or legal guardian acknowledges and agrees that he or she is freely and voluntarily entering into this Release with the intent and expectation that it be as binding upon such minor as if such minor had the full legal capacity to sign this Release.

Signature:

By:

(Print Full Name)

Date:

**AUTHORIZATION TO CONSENT
TO MEDICAL AND DENTAL TREATMENT
FOR A MINOR CHILD**

In the event reasonable efforts to contact us at (home) _____
(work) _____, or (cell/pager) _____ have been
unsuccessful, we _____ do hereby state that we are the
natural parents/legal guardians having legal custody of _____
a minor, age _____, born and residing with us at _____
TN _____ do hereby unconditionally grant and authorize a teacher representative of the
CHET 2016-2017 to consent to:

1. The administration of any treatment deemed necessary by Dr.
_____ Phone _____ (Preferred Physician),
or Dr. _____ Phone _____
_____ (Preferred Dentist), or in the event the designated
preferred practitioner is unavailable, by another licensed physician or dentist when the need
for such treatment is immediate.

2. The hospitalization of a minor, if in the opinion of the attending physician it is deemed
essential for his/her proper and adequate treatment. This authorization does NOT cover
major surgery unless the medical opinions of two other licensed physicians or dentists
concur to the necessity for such surgery. Information concerning the above-mentioned
child's medical history, including allergies, medication being taken, and any physical
impairments to which the physician should be alerted are noted on the back of this consent.

Signatures of Parents: _____ **Date** _____
_____ **Date** _____

CHET
REFERENCE FORM
(This form is required only for new students.)

Reference for _____
(Student's Name)

Name of Counselor/Teacher: _____ Phone: _____

Name of Organization: _____

Please circle the number that best describes the above student.

	Strongly Agree			Strongly Disagree	
Works well in class setting with other children	1	2	3	4	5
Respectful of adults and students	1	2	3	4	5
Participates in class activities	1	2	3	4	5
Attentive during class hours	1	2	3	4	5
Is of good moral character	1	2	3	4	5
Shows self-control in class	1	2	3	4	5

If you have circled "5" in any of the above statements, please explain below.

Was this child a discipline problem while attending this school? Y / N

If yes, please explain _____

Has this child ever had a history of aggressive behavior? _____

Has this child ever been expelled, suspended or sent to an alternative school? Y / N

If yes, please explain _____

Is there any additional information about this child that you feel would benefit us in making a decision regarding acceptance into our program? _____

**Thank you for your time. If you should need assistance or have any questions about our organization, please feel free to call Vicki Carroll @ 615-330-7875

Send To:
CHET
4040 Marydale Dr.
Nashville, TN 37207

THIS IS A LEGALLY BINDING RELEASE OF CLAIMS.
CONSULT AN ATTORNEY

FULL RELEASE OF
BEACON BAPTIST CHURCH (BBC) OF NASHVILLE, TENNESSEE

For and in consideration of access to BBC of Nashville, TN (the "Church") and any other property or facilities owned by or associated with the Church, the undersigned hereby assumes all risk of injury to himself or herself and damage to his or her property on or about such premises. The undersigned hereby waves all claims, causes of action, demands, rights, damages, liability, cost, attorney's fees, and expenses of any and every kind whatsoever (the "Claims") arising out of any act or omission by the Church, and each of its employees, officers, deacons, agents, and/or their heirs, successors or assigns (the "Released Parties"), and releases the Released Parties from all such Claims, whether known or unknown, however and whenever arising, which the undersigned, his or her successors, heirs, or assigns, now or in the future, may have against any Released Party. If this Release is being signed by a parent or legal guardian on behalf of a minor, the parent or legal guardian acknowledges and agrees that he or she is freely and voluntarily entering into this Release with the intent and expectation that it be as binding upon such minor as if such minor had the full legal capacity to sign this Release.

Signature:

By:

(Print Full Name)

Date:

CHET
REFERENCE FORM
(This form is required only for new students.)

Reference for _____
(Student's Name)

Name of Counselor/Teacher: _____ Phone: _____

Name of Organization: _____

Please circle the number that best describes the above student.

	Strongly Agree			Strongly Disagree	
Works well in class setting with other children	1	2	3	4	5
Respectful of adults and students	1	2	3	4	5
Participates in class activities	1	2	3	4	5
Attentive during class hours	1	2	3	4	5
Is of good moral character	1	2	3	4	5
Shows self-control in class	1	2	3	4	5

If you have circled "5" in any of the above statements, please explain below.

Was this child a discipline problem while attending this school? Y / N

If yes, please explain _____

Has this child ever had a history of aggressive behavior? _____

Has this child ever been expelled, suspended or sent to an alternative school? Y / N

If yes, please explain _____

Is there any additional information about this child that you feel would benefit us in making a decision regarding acceptance into our program? _____

**Thank you for your time. If you should need assistance or have any questions about our organization, please feel free to call Vicki Carroll @ 615-330-7875

Send To:
CHET