



2020 Summer Tutoring REGISTRATION and PAYMENT AGREEMENT

Responsible Party (please print): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Dyslexia \_\_\_\_\_ Other- \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Reading \_\_\_\_\_ Math \_\_\_\_\_ Dyslexia \_\_\_\_\_ Other- \_\_\_\_\_

Tutoring sessions are \$35.00 per one-hour session and will take place in Room 100 at MCA.

Please circle which day(s) your child(ren) will be attending summer tutoring.

Tuesday

Wednesday

Thursday

Please circle the number of days and the number of weeks your child(ren) will be attending tutoring.

Table with 4 columns: Days per week (ONE DAY PER WEEK, TWO DAYS PER WEEK, THREE DAYS PER WEEK) and 7 rows: Number of weeks (5 weeks to 10 weeks) with corresponding costs.

Window of time preferred: [ ] Mornings 8:00 – 11:00 [ ] Afternoons 12:00 – 4:00

Weeks tutoring requested: [ ] June 9-11 [ ] July 7-9 [ ] August 4-6
[ ] June 16-18 [ ] July 14-16 [ ] August 11-13
[ ] June 23-25 [ ] July 21-23
[ ] June 30-July 2 [ ] July 28-30

Responsible Party's Signature \_\_\_\_\_

Date \_\_\_\_\_

Payment due in full to Maranatha Christian Academy at first tutoring session (not being billed through FACTS)

No refunds or make-up sessions are given for absences due to illness, vacations, or conflicting activities.

Questions? Call Tanya Marvel at 763.488.7867



Participation in Maranatha Christian Academy Learning Support Services tutoring programs is a privilege that is granted to students who maintain good academic and disciplinary standing as determined by the school and class directors.

Students who do not maintain good disciplinary standing during the course of the programming may become ineligible to participate in classes and may be dismissed. No refunds will be given if a child is dismissed from his/her class.

I grant permission for my Child, \_\_\_\_\_, to participate in Learning Support Services tutoring at Maranatha Christian Academy ("MCA"). In order to allow my Child to participate in these Events, I, Individually, and as a parent, or legal guardian of my Child agree to the following:

**Waiver:** In consideration of permission to participate in MCA Learning Support Services tutoring programming I, for myself, my Child, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue MCA, their directors, officers, employees, coaches, instructors, and agents from liability from any and all claims, not including claims related to gross misconduct, related to personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my Child's participation in extracurricular activities, classes, observation, and use of facilities, premises, or equipment at MCA or at any Event, off MCA's premises.

**Assumption of Risks:** Certain activities, including but not limited to athletic events, transportation to and from Events, whether by MCA transportation or bus service, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. MCA has facilities for and provides for activities conducted on its' property or access and transportation to facilities that involve travel and or physical activity. I acknowledge that MCA is not warranting the condition of any of the facilities or granting assurances of an expected result due to use of the facilities whether at MCA or the location of the Event. MCA may not have any control over the conditions present at an Event, nor does it have control over the actions of your Child or other Children participating in the Event, whether they are fellow MCA students or non-MCA students. I acknowledge that my Child may have known or unknown pre-existing medical conditions that may impact his/her ability to participate in Events or use certain facilities and equipment properly. I acknowledge that my Child is a guest and by signing this waiver, I assume all responsibility for my Child's own behavior and any impact or harm which may come to the Child, or to another person due to my Child's actions.

**Medical Treatment:** I hereby authorize any medical treatment deemed necessary for my Child in the event of any injury or illness while participating in an activity or at an Event and the administration of any medication prescribed by a medical doctor. I agree to pay all costs of rescue and/or medical services as may be incurred on my Child's behalf. In the event of an emergency, I fully authorize the administration of life-saving measures, and the utilization of emergency services in the judgment of MCA.

**Authorization:** I have read this waiver of liability, assumption of risk, and medical treatment. I fully understand its terms acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law on my behalf and on behalf of my Child

*THIS ACKNOWLEDGMENT MUST BE SIGNED BY THE PARENT(S) WHO HAVE LEGAL CUSTODY OF THE CHILD PARTICIPATING IN MCA EVENTS. BY SUBMITTING THIS SIGNED FORM, THE PARENT(S) CONSENT TO THIS AGREEMENT AND ACKNOWLEDGE THAT ALL PARENTS OR GUARDIANS WITH LEGAL CUSTODY HAVE APPROVED THIS AGREEMENT.*

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Dated: \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

**Mail registration and check to:**  
Maranatha Christian Academy, Attn: Learning Support Services  
9201 75<sup>th</sup> Ave N. Brooklyn Park, MN 55428  
**OR drop off Registration and Check to Student Services**  
**Please contact Tanya Marvel at 763-488-7867 if you have any questions or concerns.**