



REGISTRATION FEE: \$50 per student (max \$125 per family)

LAST DAY OF REGISTRATION: August 20, 2020

Payment is due with submission of Corsizio Registration and Family Application & Forms. Mail completed application and forms to P.O. Box 313, Bowie, MD 20719, or send via email to [familyforms@bridgeelementary.com](mailto:familyforms@bridgeelementary.com).

Registration payments should be mailed to the address above is paying by check. Please make all checks out to Bridge Elementary Tutorial Homeschool Ministries (BETH-M). Electronic payments are accepts through Paypal at [bethmhomeschool@gmail.com](mailto:bethmhomeschool@gmail.com). Please add an additional \$5 for Paypal fees.

Registration Fee is non-refundable unless spaces in class is not available.

2020-2021

## NEW FAMILY APPLICATION

**\*\*If needed, a Family Interview may be conducted in conjunction with this application.\*\***

### PART 1 – Names of Student(s) Applying for Admission

(Please indicate the grade the student will be entering for the 2020-2021 school year.)

Student Name \_\_\_\_\_ M/F \_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ M/F \_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_ M/F \_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_

### PART 2 – Family Information

(Please list the email address most frequently used. Almost all of our communication is done via email. We also utilize the GroupMe app for family communication.)

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_

**Note: Your cell number will be shared with the families and tutors of Bridge Elementary/BridgeX for our emergency communication and our Family Directory. Please place an asterisk (\*) next to the person(s) and number(s) above that you would like to use for this purpose.**

### PART 3 – Student and Homeschooling Information

Briefly outline each child(ren)'s formal education experience and note the name of the most recently attended academic setting.

Explain briefly why you have chosen to homeschool your child(ren).

How many years has/have your child(ren) been homeschooled? \_\_\_\_\_

**\*\*If you are new to homeschooling (i.e. homeschooled for less than one year) and/or new to homeschooling in Maryland, you must participate in a Homeschooling 101 Workshop specifically tailored to the BETH-M/BridgeX experience, which will be offered over the summer.**

Why do you want your child(ren) to attend Bridge Elementary?

What instruction/curriculum has your child(ren) used in the following areas? How far did they go?

Language Arts/Grammar: \_\_\_\_\_

Writing: \_\_\_\_\_

Science: \_\_\_\_\_

Math: \_\_\_\_\_

The state of Maryland says that the parent is the “first and best” teacher, which means that you, the parent, needs to be the instructor at home. **If you are not able to work with your child, with whom will your child be working on Mon/Wed/Fri?** \_\_\_\_\_

Homeschooling does allow some flexibility, however being part of a homeschool tutorial necessitates a commitment to attending classes on Tuesdays and Thursdays. **Is your family able to commit to regular, timely attendance at BETH-M/BridgeX?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain, if needed:

Our tutors work hard to cover as much material as possible in each class session. Students who are absent due to family travel, medical appointments or homeschool reviews that could have been scheduled on Mondays, Wednesdays or Fridays will not be able to fully participate in the complete BETH-M/BridgeX experience and may see their grades suffer if they miss instruction, presentation days or other classroom activities as determined by each tutor. Students who miss too many classes in a quarter can expect to be graded accordingly in those classes for which class participation is a large component. Please plan your family vacations around the BETH-M/BridgeX academic calendar. Do not expect tutors to grade work or projects that are beyond two weeks late. Moreover, tutors will not grade work or projects submitted after the close of a quarter.

**Are you willing to commit to the entire BETH-M/BridgeX academic calendar, except in cases of family emergencies?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain, if needed:

**Are you willing to obtain/borrow the course materials and class supplies each tutor requires, and are you willing and able to have these resources available for your student when needed and in the required format?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain, if needed:

**If true hardship arises (economic, academic or otherwise), are you prepared to notify your child(ren)'s tutors immediately so that the tutors can assist you as you work to fulfill your responsibility to educate your child(ren)?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain, if needed:

**NOTE: We need your support in answering the following questions as candidly as possible. Bridge Elementary/BridgeX is not equipped to handle children with serious learning disorders or behavioral issues. We provide only group tutoring and a safe environment for children to learn. (If more than one child is applying, please note which child is being referred to when answering.)**

Does your child have any condition (learning disorders) that may affect his/her academic achievement or class involvement and would require regular or special attention? If so, please specify:

Does your child have any behavioral issues that may affect his/her class involvement and would require regular or special attention?

Has your child ever been suspended by a previous academic setting? If so, please specify.

Please describe any physical disabilities (hearing, speech, asthma, etc.) and/or any serious illnesses, diseases, or injuries that we need to be aware of.

### **PART 4 – Spiritual Information**

Are you currently involved/regularly attending a church? Y/N

If so, please provide the following:

Church Name: \_\_\_\_\_

Church Address: \_\_\_\_\_

If applicable, please give a brief summary of your personal testimony of salvation through Jesus Christ:

**PART 5 – Electronic Signatures**

I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of law that my answers are correct and complete to the best of my knowledge.

I certify that I understand the questions and statements on this application and that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

\_\_\_\_\_

Parent

\_\_\_\_\_

Date

\_\_\_\_\_

Parent

\_\_\_\_\_

Date

**2020-2021 Educational Responsibility and Commitment Agreement**  
(one form per family – initial and sign)

\_\_\_\_\_ I affirm that Bridge Elementary and Bridge Extension Tutorial Homeschool Ministries (BETH-M/BridgeX) is a Christian homeschool tutorial designed to assist me in my homeschooling endeavors. BETH-M/BridgeX is NOT an umbrella and does not provide oversight for my homeschooling. BETH-M is not to be used as a Tuesday/Thursday drop-off babysitting service.

\_\_\_\_\_ I understand that to maintain compliance with COMAR 13A.10.01 (Maryland's Homeschool Code), class days at BETH-M/BridgeX are not the only educational/schooling time my child receives. I am responsible to ensure that the work assigned by the tutor to be done on non-class days is completed to the best of my child's ability in a timely fashion. As such, I, or another adult, will work with my child on non-tutorial days. I recognize that I have the freedom to have my child complete work in a way I feel is best for my child's academic needs, but for the sake of continuity between tutorial and home, any changes I decide to make will be clearly communicated to my child's tutor.

\_\_\_\_\_ I understand that as my child's primary educator and in order for my family to reap the full benefits of participating in BETH-M/BridgeX, it is my responsibility, and in my child's best interest, to ensure he or she comes to class each day with all required resources, school supplies and supplemental materials. To this end, I commit to obtaining all required curriculum, resources and supplies necessary for my child to actively participate in class prior to the start of classes.

\_\_\_\_\_ I understand that it is not BETH-M/BridgeX's responsibility to verify that the work is completed. I answer first to the Lord, and second to my county in the state of Maryland (or local jurisdiction), regarding the completion of regular and thorough instruction for my child pursuant to applicable state/jurisdiction laws. However, I also recognize that grades provided by tutors are a reflection of the work completed and submitted to the tutor in a timely manner. I further understand that tutors are under no obligation to accept or grade late work, and work submitted after the close of a quarter will not be graded by the tutor.

\_\_\_\_\_ I understand that while homeschooling allows for flexibility, being part of a homeschool tutorial necessitates a commitment to regularly attending classes on Tuesdays and Thursdays. I further understand that students who are absent due to vacationing, routine medical appointments or homeschool reviews that could have been scheduled on non-tutorial days may miss out on the complete BETH-M/BridgeX experience and may see their grades suffer due to missing instruction, presentation days or other classroom activities as determined by each tutor. As such, I commit to considering the BETH-M/BridgeX academic calendar, except in the case of family emergencies, and the need for my student's full participation.

\_\_\_\_\_ If for any reason BETH-M/BridgeX learns that I am using the services provided in ways other than intended, I agree that BETH-M/BridgeX reserves the right to evaluate my continued participation in the tutorial. BETH-M/BridgeX will use quarterly reports, homework, and test scores, as well as tutor and parent feedback as resources for this decision. I understand it is BETH-M/BridgeX's desire to support my homeschooling efforts, not replace them, as I ensure classroom and academic success for my child. Should there be any concern regarding my child's progress, a meeting and/or test may be requested by the tutor, parent, and/or Leadership Team member to make sure my child is in the best educational environment for his/her needs. If my child receives a failing grade for two quarters, BETH-M/BridgeX has the right to withdraw them from that class.

\_\_\_\_\_ Finally, BETH-M/BridgeX is a cooperative tutorial, with all members working together to make the workload as light as possible for each of us individually. I understand that if I am not fulfilling my responsibilities as an active, participating family, this may impact my return the following year.

\_\_\_\_\_  
Student(s) name(s):

\_\_\_\_\_  
Student(s) name(s):

\_\_\_\_\_  
Student(s) name(s):

\_\_\_\_\_  
Student(s) name(s):

\_\_\_\_\_  
Student(s) name(s):

**I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of law that my answers are correct and complete to the best of my knowledge. I certify that I understand the questions and statements on this application and that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.**

\_\_\_\_\_  
Parent/Guardian name (Printed):

\_\_\_\_\_  
Parent/Guardian name (Printed):

\_\_\_\_\_  
Parent/Guardian signature:

\_\_\_\_\_  
Parent/Guardian signature:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**2020-2021 Liability Release**  
(one form per family)

While participating in the tutoring services organized by Bridge Elementary and Bridge Extension Tutorial Homeschool Ministries (Bridge Elementary/BridgeX) and provided by independent Tutors, whether online or at the main tutoring location of Mt. Oak Church or an off-site location for an official Bridge Elementary/BridgeX sponsored event, I agree for myself and for the members of my family to the following:

1. I agree to obey all posted rules and warnings and further agree to follow any oral instructions or directions given by Bridge Elementary/BridgeX or the Tutors associated therewith.
2. I recognize there may be certain inherent risks associated with the course activities, and I assume full responsibility for the personal injury to myself and any family members and further release and discharge Bridge Elementary/BridgeX, the independent Tutors, Mt. Oak Church and Mt. Oak Church Staff for injury, loss or damage arising out of my or my family's use of their services or presence upon the facilities, whether caused by fault of my own or that of my family, or other third parties.
3. I agree to indemnify, hold harmless and defend Bridge Elementary/BridgeX and the independent Tutors, Mt. Oak Church and Mt. Oak Church Staff against all claims, causes of action, damages, judgments, costs or expenses, including attorneys' fees and other litigation costs which may in any way arise from my or my family's use of their services or presence upon the facility.
4. I agree to pay for all damages caused by me or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation with the Bridge Elementary and Bridge Extension Tutorial Homeschool Ministries shall be resolved in accordance with the laws of the State of Maryland.

I have read this document and understand it. I further understand that by signing this release, I voluntarily surrender certain legal rights.

\_\_\_\_\_  
Student(s) name(s):

**I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of law that my answers are correct and complete to the best of my knowledge. I certify that I understand the questions and statements on this application and that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.**

\_\_\_\_\_  
Parent/Guardian name (Printed):

\_\_\_\_\_  
Parent/Guardian name (Printed):

\_\_\_\_\_  
Parent/Guardian signature:

\_\_\_\_\_  
Parent/Guardian signature:

Date: \_\_\_\_\_

Date: \_\_\_\_\_



**2020-2021 FINANCIAL AGREEMENT**  
 (one per family)

**Please list each class and tutor’s name for which your student (s) is registered:**

**Student Name(s)** \_\_\_\_\_

Class(es)	Tutor Name
_____	_____
_____	_____
_____	_____
_____	_____
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We hereby agree to pay the tutors identified above directly for their services and any associated fees at the prescribed amount established by the tutor and in accordance with the agreed payment schedule and in the format accepted by the tutor.

Furthermore, it is recognized that if our student(s) withdraws from the class(es) at any time or for any reason, between the payment periods of August through November, we the parents agree to fully compensate the tutor for their services and any associated fees through November 10<sup>th</sup>. And accordingly, if they are withdrawn after December 10th, we the parents will fully compensate the tutor for their services and any associated fees for the remainder of the class year. **We further understand there are NO tuition or fees refunds.**

**I have agreed to submit this application by electronic means. By signing this application electronically, I certify under penalty of law that my answers are correct and complete to the best of my knowledge. I certify that I understand the questions and statements on this application and that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.**

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**2020-2021 PHOTO/VIDEO and CONTACT RELEASE AGREEMENT  
(one form per family)**

I hereby grant Bridge Elementary and Bridge Extension Tutorial Homeschool Ministries (BETH-M/BridgeX) and Mt. Oak Fellowship Church (Mt. Oak) the right to photograph/video myself and or members of my family and use the photo/video and or other digital reproduction for publication processes, whether electronic, print, digital, or electronic publishing via the Bridge Elementary (BETH-M/BridgeX) and/or Mt. Oak websites and/or BETH-M/BridgeX and/or Mt. Oak Facebook pages to further the purposes of BETH-M/BridgeX and/or Mt. Oak, without payment or other considerations being provided to me or my family in return. Materials contained on the BETH-M/BridgeX website are subject to U.S. copyright law: Title 17, USC.)

**No child will be identified or “tagged” in any images used on the BETH-M/BridgeX website or social media page.**

**Tutors may record virtual classes for educational purposes and those recordings may be uploaded to their class websites. Access to these websites are restricted to the specific tutor, administration, students and parents enrolled in that specific class. By signing this release, you are authorizing these recordings and subsequent publishing for educational purposes.**

Photos will also be used in the creation of Photo Identification Cards issued by BETH-M/BridgeX for use at the tutorial. The student’s name will be on the card, but no other identifying information (i.e. address or phone number) will accompany the images on the ID cards.

BETH-M/BridgeX is granted permission to use my family’s contact information (address, phone number and email) to create a Family Contact Directory which will be available to other BETH-M/BridgeX families. I understand and agree that this Directory will not be used for any solicitation purposes whatsoever.

Student Names: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian name (Printed):

\_\_\_\_\_  
Parent/Guardian name (Printed):

\_\_\_\_\_  
Parent/Guardian signature:

\_\_\_\_\_  
Parent/Guardian signature:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**2020-2021 MEDICAL RELEASE FORM (one per child)**

Student Name: \_\_\_\_\_ Student D.O.B. \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

This form must be signed by a parent and returned to the BETH-M/BridgeX Leadership Team since you intend to leave your child at Mt. Oak Fellowship Church (Mt. Oak) during BETH-M/BridgeX class times without their parents present at all times. Although we desire to keep this information confidential, a copy of this completed form will be accessible to the Leadership Team each time the students meet for BETH-M/BridgeX classes and medical concerns will be shared with your student's tutors as deemed necessary. In case of an emergency, the Leadership Team may need to use the help of Mt. Oak staff, BETH-M/BridgeX Tutors, Designated Parent, and Emergency Medical Personnel, and may see it fit to share this form at that time. It is imperative that we have all information essential to caring for your child in the event that it becomes medically necessary.

**MEDICAL INSURANCE & INFORMATION**

Medical Insurance Co. Name & Phone: \_\_\_\_\_  
 Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_  
 Policy Holder's Name and D.O.B. \_\_\_\_\_  
 Name and Phone No. of Primary Doctor: \_\_\_\_\_  
 Name and Phone No. of Pharmacy: \_\_\_\_\_

Please list any special physical needs, medical condition, regularly given medications or allergies that the adults in charge or medical professionals should be aware of if your child is in an emergency situation (include food allergies) in the box below. Please describe clearly the exact reaction to an allergen, and what procedures need to be taken to assist them if needed. I understand that if my child requires an inhaler/Epipen, it will be packed with their belongings at all times.

**PERMISSION**

I give my permission for my child to participate in academic and extracurricular activities at BETH-M/BridgeX. In case of an emergency, I authorize any medical treatment and the use of this form by medical personnel in my absence for the well-being of my child. In accordance with BETH-M/BridgeX's Liability Release Form, I agree not to hold liable BETH-M/BridgeX, Mt. Oak Church and its representatives, BETH-M/BridgeX tutors and all parent volunteers treating my son/daughter from any injury or sickness occurring during the activities associated with the BETH-M/BridgeX tutorial program whether at the Mt. Oak facility or on a parent-approved outing.

\_\_\_\_\_  
 Parent/Guardian signature:

\_\_\_\_\_  
 Parent/Guardian signature:

Date: \_\_\_\_\_

Date: \_\_\_\_\_