**SofCon Family Enrollment Agreement v1.4**

**School of Consciousness – 2025–2026 School Year**

**This agreement outlines the terms of participation for families enrolling in SofCon (School of Consciousness), a 501(c)(3) nonprofit homeschool co-op based in Missouri. By signing below, you agree to the following terms:**

1. **Tuition & Refund Policy**

Standard tuition is $100 per week per child.

* Weekly ($100/week)
* Monthly ($400/month, paid on the 1st)
* Annually ($4420/year. 15% discount)

• Tuition covers the full academic year, including all scheduled holidays, breaks, and seasonal closures. Tuition is not prorated or adjusted based on calendar breaks or individual absences.

• Tuition is an investment in sustaining our shared learning environment; it is not a fee-for-service transaction.

• Payment method (weekly, monthly, annually) must be selected at enrollment and adhered to unless otherwise arranged in writing.

• A 30-day written notice is required if a family intends to voluntarily withdraw from the program.

• Tuition payments are non-refundable once paid, except in the case of permanent program closure or an extraordinary emergency mutually agreed upon in writing by SofCon leadership.

• Withdrawal initiated by a family does not qualify as an "extraordinary emergency" unless otherwise agreed in writing.

• If SofCon permanently closes or pauses operations, tuition paid for future unused months will be refunded proportionally.

• No refunds are issued for absences, vacations, illness, dissatisfaction with programming, or voluntary withdrawal after payment has been made.

1. **Attendance & Participation**

• SofCon operates Monday–Friday. Regular attendance supports the rhythm and relationships of the group.  
• Please notify us if your child will be absent for illness, travel, or other needs.  
• Families are asked to arrive and depart on time, honoring the daily flow of activities.  
• Families commit to supporting home-based rhythms and participating in community events and volunteer opportunities when able.

1. **Behavior & Community Expectations**

• We believe in respectful, conscious communication between children, facilitators, and parents.  
• Families agree to support a safe, inclusive, and nurturing environment.  
• Children must be able to participate in group activities without continuous 1-on-1 support.  
• Behavioral challenges will be addressed collaboratively with families through support plans if needed.  
• SofCon reserves the right to pause or withdraw enrollment if ongoing challenges compromise the safety, rhythm, or emotional well-being of the group.

1. **Educational Responsibility**

• SofCon is not a school as defined by Missouri law. Each child remains legally homeschooled by their parent or guardian.  
• SofCon provides a cooperative, community-based learning environment. Parents are solely responsible for meeting Missouri homeschool requirements.

**5. Required Home-Based Learning Hours**

To comply with Missouri’s 1,000-hour annual homeschool requirement, SofCon provides over 1,100 instructional hours per year during its Monday–Friday schedule.

However, each family is also required to document a minimum of 100 hours of home-based learning over the course of the school year. This ensures:

* Compliance with Missouri law
* Deeper home–school integration
* Opportunities for child-led and family-based enrichment

Families will receive a simple log template and support from facilitators in tracking these hours.

Acceptable activities include:

* Reading (alone or together)
* Nature walks and observations
* Cooking, gardening, or life skills
* Educational games or documentaries
* Family storytelling, art, or cultural traditions
* Museum visits, service projects, or reflective conversations

**6. Medical & Emergency Contact Information**

Please provide emergency contact and basic medical information on the attached form. This includes:

* Emergency phone numbers
* Allergies or medical conditions
* Authorization for basic first aid or emergency care if needed

**SofCon facilitators are not licensed medical providers. In the case of an emergency, we will contact 911 and the parent/guardian immediately.**

**7. Media Release**

From time to time, we may take photos or short videos during activities to celebrate our work and share our story.

**[ ] I give permission for my child’s image to be used in SofCon newsletters, website, and social media.  
[ ] I do not give permission.**

**8. Signatures**

**Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Child(ren)’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_**

**SofCon Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_**