

Creekside Bible Church  
29819 W Hawthorne Dr  
Spring, TX 77386

www.RevelationScience.org  
K.Garza@RevelationScience.org  
**Revelation Science Class**  
**2020 – 2021 Calendar**

**THURSDAY Class**  
Off Rayford Rd  
Close to I45

**High School Physics**

**CALENDAR: THE CALENDAR IS STILL BEING FINALIZED, SO DATES MAY CHANGE!!!**

**Student & Parent Meeting, Required** Thurs., August 20<sup>th</sup> Bring text, solutions manual *OR* journal, & notebook  
**FYI – Pre-Class School Work assignment is given** **Meet for full class time at HIS Woodlands Campus**  
*Orientation is the week prior to class. Details for the Orientation are still being worked out.*  
*It is a requirement, so as soon as information is available, it will be posted on www.RevelationScience.com.*

First Lab Class	August 27 <sup>th</sup>	
<b>Thanksgiving Celebration</b>	Week of November 26 <sup>th</sup> - Off;	<b>Thanksgiving Day</b> – Nov. 26
Last Lab of Fall attended	December 3 <sup>rd</sup>	
<b>Christmas Celebration</b>	through December 30, 2020	
Spring Pre-Class School Work	Week of December 31 <sup>st</sup>	Work to be done prior to classes resuming
Revelation Science Class Resumes:	Week of January 7 <sup>th</sup>	
Spring Break	Week of March 08 <sup>th</sup> - Off	
	Week of March 15 <sup>th</sup> - Off	
Revelation Science Class Resumes:	Week of March 25 <sup>th</sup>	
<b>Celebrate Easter</b>	Sunday, April 4 <sup>th</sup>	
Last Day of Class	May 6 <sup>th</sup>	<b>(Please keep next week open in case a make-up lab is needed.)</b>
Class Party!! (Dutch treat)	Week of May 12 <sup>th</sup>	(Meet at Main Event or location picked by class.)

**DRESS CODE**

In order to maintain a high-quality learning environment for your student, the following dress code has been established. Your signature on the registration form indicates that your student has read and will follow this code. This is not an attempt to dictate what is right and wrong for your children to wear. This is simply setting a standard that is deemed appropriate for this class. Students who are in violation of this dress code will not be allowed to attend class. Thank you for your assistance.

**NOTE: 1. For safety in my class – A. No shorts; B. ONLY Closed-toed shoes.**

General

- All shirts for boys and girls must have sleeves. No spaghetti straps, tank tops, or halter-tops.
- No offensive design or language on t-shirts or other clothing.
- If a student is asked to remove a hat or cap, they are expected to comply.

Girls

- No belly shirts. The midriff should not show when hand is placed on top of head.
- Shirts should be **modestly cut (no cleavage)** and **not** tight fitting.

Boys

- No excessively baggy pants
- Undergarments may not be visible when hand is placed on top of head.

**Students, the purpose of the dress policy is for your fellow students to see you first and not parts of your body.**

**Thank you for assisting in glorifying God in word, deed, and dress, as well as helping create an environment better suited for you and fellow students to build friendships and focus on learning more about God through science. Mrs. Garza ☺**

**++ AGAIN, items for science class: 1. You must wear closed-toe shoes to protect your feet, which means it needs to close all the way around and not be a slip-on. 2. NO SHORTS ++**

**\*\*PLEASE CHECK YOUR CHILD'S ATTIRE BEFORE THEY LEAVE HOME.\***

**Physics**

**2020 – 2021 Revelation Science Class Registration Form**

**PHYSICS: \$55 – DUE 1<sup>ST</sup>; \$10 late fee if RECEIVE after 10<sup>th</sup>;**

**One time LAB FEE: PHYSICS - \$80 DUE with July 1<sup>st</sup> tuition**

**Paid with July & Jan. tuition: \$30 PER semester building use fee due to teacher**

**1. To register:** Please make a copy for your records.

Completely fill out **2-page form** & mail with **lab fee, & 2 mos. tuition, & Fall building use fee.**  
**Payment will not be deposited before July 1.** Please refer to **\*\*** for amount to send.

**THURSDAY CLASS:** \_\_\_\_\_ **TIME:** **9:00-11:30 AM**

**STUDENT'S NAME (1 STUDENT / FORM):** \_\_\_\_\_ **GENDER:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_  
\_\_\_\_\_ **As of first class** \_\_\_\_\_ **As of first class**

**PARENTS' NAME(S) (BOTH PLEASE):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE NUMBERS:** \_\_\_\_\_  
\_\_\_\_\_ **MOM'S CELL** \_\_\_\_\_  
\_\_\_\_\_ **HOME** \_\_\_\_\_

**EMAIL:** (Please print clearly. Communication is vital. Please list the email you check often.)  
PARENT'S email \_\_\_\_\_

\_\_\_\_\_ **DAD'S CELL** \_\_\_\_\_

STUDENT'S email \_\_\_\_\_ *Texting used for critical items, so please include*  
\_\_\_\_\_ **STUDENT'S CELL** \_\_\_\_\_

**Please initial the following:** (This is a contract, so please understand what you are agreeing to do.)

- \_\_\_\_\_ I understand the yearly tuition is divided into 10 payments (July thru April); therefore, the full tuition is due regardless of how many classes are scheduled in a given month. **Payments & fees are late if not received by 10<sup>th</sup>.** **\$10 late fee** applies to *each fee each month*. After 30 days, a student cannot attend without payment. **\*\* For Registration:** Please include postdated checks for July fees & Aug. 1<sup>st</sup>.
- \_\_\_\_\_ I understand this is a full year commitment. I have every intention of having my student complete this class unless unforeseen complications arise such as illness, moving, loss of income, etc. I understand I should contact you **immediately** if the need arises to drop the class. **Should the class be dropped, a penalty of an additional month's tuition is due.** The class cannot be dropped after March 1<sup>st</sup>.
- Participation in this class constitutes my agreement to hold Revelation Science, Karen Garza, and/or any of their affiliates, sponsors, and/or representatives harmless and free of any and all liability for damage, injury, and/or loss of/to property or person. I also agree that I have read and understood all rules and will follow them accordingly. My student(s) will also be held accountable to follow rules that apply to them.
- Participation in this class constitutes my agreement to allow photo/video representations of my student to be used by Revelation Science for promotional purposes and without any compensation.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(The registration cannot be processed without a signature & date. Make sure you listed the class & time.)**

*The class is limited in size, so please do not forget to include the 2 months tuition fees & both fees.*

**\*\*Mail fees plus 2-page form (totals in boxes below). Registration is complete when all items are received.**

**PHYSICS:** July 1<sup>st</sup> tuition, lab, + building fee: **\$165**; Aug 1<sup>st</sup> tuition: **\$55**

**Make checks payable and mail registration to:**

**NOTE: All payments are to be mailed.**  
I do not want students responsible for delivering the tuition. Parents can hand deliver if desired.

Karen Garza or Revelation Science  
7327 Root Road, Spring, TX 77389  
[K.Garza@RevelationScience.org](mailto:K.Garza@RevelationScience.org)  
[www.RevelationScience.org](http://www.RevelationScience.org)

**2020-2021**

**Urgent and Emergency Contact Information – ONE PER STUDENT**

Please provide the following information so that in the event, such as weather that causes class to be cancelled the day of class or if an emergency arises once your student is in class, you may be contacted. Contact will be done in the order of names listed.

In order to assist the recognition of my phone number, I suggest you put my phone number in your phone and include “science teacher” with my name when you input my information. I also recommend asking the two other people on the list to do the same. Thank you.

(Karen Garza 832-483-9643)

\*\*\* If your student has a life-threatening allergy and/or carries an Epi Pen, then this form must be accompanied with a written protocol, including where the Epi Pen is carried & how to use it.

**PLEASE PRINT CLEARLY**

**STUDENT NAME:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

As of first class

List known allergies. **If none are known, then PLEASE put NKA.** (No Known Allergies)

**ALLERGIES:** \*\*\*

**(PLEASE DO NOT leave “Allergies” blank. Either list them or put NKA.)**

**CONTACTS:**

1. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number: (Is this a cell phone? Yes / No) \_\_\_\_\_

Alternate Number: (Cell phone? Yes / No) \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number: (Is this a cell phone? Yes / No) \_\_\_\_\_

Alternate Number: (Cell phone? Yes / No) \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number: (Is this a cell phone? Yes / No) \_\_\_\_\_

Alternate Number: (Cell phone? Yes / No) \_\_\_\_\_