

Seeds of Hope
Educational Enrichment Class
Application

Child's Name _____ Grade _____

Parent's Name _____

Address _____

Phone _____ Email _____

Bring Your Own Device Policy - Tuition Payment Policy; We ask that you read the following and check that you agree below:

I understand that Seeds of Hope will not be held liable for lost, stolen or damaged devices. I understand that my child's device will be used for academic purposes only and that my child's device may be taken away by staff until we contact parents if need be.

- I understand and agree to the BYOD policy.

Tuition can be paid monthly or bi-weekly. By signing this you agree to paying tuition for the 2020-2021 school year. Checks can be made payable to House on the Rock Family Church. In the memo section of the check please put your child's name with SOH. (Seeds of Hope)

- I understand and agree the tuition policy for the 2020-2021 school year.

Parent's Signature _____ Date _____