

# 2018 - 2019 T.E.A.C.H. MEMBERSHIP RENEWAL

Parent's Name(s) \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address, City, Zip \_\_\_\_\_

Father's E-Mail Address \_\_\_\_\_ Father's Cell Phone# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mother's E-Mail Address \_\_\_\_\_ Mother's Cell Phone# (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Are you a member of a co-op?** yes no Co-op name and location \_\_\_\_\_

Co-op contact person and phone number: \_\_\_\_\_

## Please fill out accurately the age, grade and birthdate for each child enrolling.

Confirm if your student will be tested this year with TEACH. All students 7 - 16 yrs are required to take an annual achievement test. This year we will be group testing in the Spring, at the end of March. Parents may request to test their children in the Fall if they choose.

(Names) \_\_\_\_\_ Grade \_\_\_ Age \_\_\_ Birthdate \_\_\_\_\_ Test? \_\_\_\_

\_\_\_\_\_ Grade \_\_\_ Age \_\_\_ Birthdate \_\_\_\_\_ Test? \_\_\_\_

\_\_\_\_\_ Grade \_\_\_ Age \_\_\_ Birthdate \_\_\_\_\_ Test? \_\_\_\_

\_\_\_\_\_ Grade \_\_\_ Age \_\_\_ Birthdate \_\_\_\_\_ Test? \_\_\_\_

List the names, birthdates, and ages of other children in your family that you'd like in the TEACH directory

**Teenagers:** If your child is 13 years or older, please have student write a statement concerning their intent to promise they will honor their parents, dress modestly during TEACH functions and refrain from partaking in alcohol, tobacco or illegal drugs at any time. (Violation will result in suspension from all TEACH activities.)

## What Are Your Needs?

The TEACH Institute desires to meet the needs of families who feel called by God to educate their children at home. In order for us to assist you more effectively, we would like to know your needs and expectations of your consultant for the coming year. First circle how you would like your consultant to relate to you this year:

1. An Encourager (affirming and flexible) 2. A Confronter (firmly hold you accountable to the goals God has given you)

Next: please number the 4 areas you want to focus on this coming year in ascending order (#1 = most important)

- |  |                                      |
|--|--------------------------------------|
| ___ Curriculum Selection               | ___ Personal Disciplines             |
| ___ Basics (getting started)           | ___ Creativity                       |
| ___ Time management/ Meeting Deadlines | ___ Motivation                       |
| ___ Organization                       | ___ Goal Setting                     |
| ___ Help with reading                  | ___ Understanding Principles of Life |
| ___ Help with writing/ Research paper  | ___ Evaluating Children's Work       |
| ___ Suggestions with Pre-schoolers     | ___ High School Credits              |
| ___ Parent/ Child relationships        | ___ Character Coaching               |
| ___ Child Discipline                   | ___ Other _____                      |

Choice of Consultant \_\_\_\_\_ 2nd Choice \_\_\_\_\_

# 2018 - 2019 FINANCIAL INFORMATION

(10 month program: Aug 15 - June 15th)

TEACH suggests that families who are unable to pay their membership in full at the beginning of the year, set up a monthly "auto pay" with their personal bank. If you would like to use this service, please contact the TEACH office and we will work with you to set this up. Thanks!

- HIGH SCHOOL FEE:** \$5/ student/ month (\$50/year)  
 (Maximum: \$100/family/yr)
- Accredited diploma
  - Graduation ceremony planning
  - PSAT test administration
  - PSEO, post high school guidance
  - College application referrals
  - Baccalaureate Service
  - Maintain official high school transcript with free mailing to colleges, scholarship applications, employers and the military.

**MEMBERSHIP RENEWAL:** (includes tuition & accreditation)  
 Earlybird Discount (**before 7/31**): \$30/month (\$300/family/yr)  
 (after 7/31): \$25 Late Fee

**ACHIEVEMENT TESTING:** \$3.50/mo/test (\$35.00/yr)  
 Academic Achievement testing is required each year for all students ages 7yrs - 16 yrs. Administered in the Spring of 2018

**Services include:**

- TEACH Accreditation
- Enrollment in TEACH
- Photo Day
- Online classes offered
- Verify academic progress
- Character Recognition
- Character consulting
- Encouragement to parents
- Maintain academic files
- Liason with school district
- Storybook Lodge Retreat
- Motivating students
- TEACH Newsletter (email)
- Student photos in yearbook

PSAT Test (11th, 10th gr) will be administered on Oct 10 (\$25)  
**\*\*Please pay for the tests with this renewal form.** Thank you.

**YEARBOOK FEE:** \$1.50/mo (\$15.00/ book)  
 Every child enrolled in TEACH may have their photo in the TEACH yearbook. (Purchase of photo package not required).  
**Please order yearbooks with this renewal form.**

**TEACH Consultants:**

TEACH consultants are independent contractors and are paid directly for their services by the families they consult.

**Fathers:** (circle yes or no)

Fathers in the TEACH Institute are asked to listen to one audio messages online at the TEACH website.

Will you make a commitment to listen to this audio recording?    yes            no

Will you purpose to oversee your children's schooling, lead your family in devotions and pray daily for your family?    yes    no

## AGREEMENT BETWEEN PARENTS AND THE T.E.A.C.H. INSTITUTE

(10 month program: Aug 15 - June 15th)

|  |          |                                  |
|--|----------|----------------------------------|
| Membership Renewal (includes accreditation and tuition) . . . . .            | \$ _____ | \$30/month (or \$300/ family/yr) |
| High School Student Fee (\$100 max/family) . . . . . (# of HS students ____) | \$ _____ | \$5/month (or \$50/ student/yr)  |
| Achievement Testing (number of children tested: ____)                        | \$ _____ | \$3.50/month/test (or \$35/test) |
| PSAT Test (11th gr and 10th gr ____)   | \$ _____ | \$2.50/month/test (or \$25/test) |
| Yearbook . . . . .   | \$ _____ | \$1.50/month (or \$15/ book)     |

Those unable to pay their tuition in full may choose an automatic monthly draft from their checking account or credit card. If you choose the monthly Auto Pay, please send in a check for 1/10 of your annual fee with this renewal form. Thanks!

**Monthly Auto-Draft Payment:** \$ \_\_\_\_\_    or     **Total Annual Payment:** \$ \_\_\_\_\_

Please photocopy this financial agreement for your records and mail this form with the membership renewal amount.  
*"We will fulfill our financial obligations to TEACH"*

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**Teaching Effective Academics and Character at Home**  
 10250 Jody Ave N., Stillwater, MN 55082