

Freedom FINDERS

2024—2025
Pricing, Agreement, Student Information

PRICING INFORMATION

Tuition: \$1,000/semester

\$150 of the 1st semester tuition is due upon registration.
The remaining \$850 of 1st semester's tuition is due August 1, 2024.

2nd Semester Tuition, \$1,000 is due January 1, 2025

PAYMENT TERMS

By registering your student for Freedom Finders 2024-2025, you are agreeing to a full year, payable by semester. You are contractually obligated to pay the entire semester's tuition even if you leave the program mid-semester. First semester tuition is due August 1, and second semester tuition is due on January 1st.

LATE FEES & REFUNDS

A late fee may be assessed by 605Tutor on the balance owed. If you are concerned about paying on time, please work out a different payment plan with 605Tutor. Tuition payments are non-refundable and non-transferable.

Parent Signature

PARENT PARTICIPATION AGREEMENT

As PARENTS we recognize the value in committing our time and talents to a dedicated community of homeschoolers. We agree to the following:

1. I understand that I am fully responsible for my child's education and that the Freedom Finders program will enhance that education.
2. I understand that a half year's tuition for Freedom Finders is due at the beginning of each semester, whether my child finishes the program or not.
3. We understand, as the parents, we are the primary teachers of our children. We will ensure that our children complete any work given by 605Tutor to the best of their abilities.

Parent Signature

STUDENT PARTICIPATION AGREEMENT

As STUDENTS we recognize the privilege to participate and enjoy the weekly Freedom Finders meetings. We commit ourselves to the following:

1. Appropriately participating in class.
2. Respecting 605Tutor in words and actions.
3. Working on weekly Freedom Finders work to the best of my ability.
4. Honoring my peers and other students in Freedom Finders in words and in actions.

Student Signature

STUDENT INFORMATION

Student's Name: _____

Birth Date: _____

Parents' Names: _____

Home Address: _____

Home Phone: _____

E-mail Address: _____

Emergency Contact Person: _____

Emergency Contact's Phone: _____

Doctor's Name: _____

Doctor's Phone: _____

Please list the name of your medical insurance or medical share provider: _____

Please list the ID number of your family medical plan: _____

Special medical, health, allergy, dietary information: _____

Please give a brief history of student's past educational experiences: _____

What do you see as your student's educational strengths and weaknesses? _____

Extracurricular activities? _____

After completing, agreeing to, signing and submitting this form, follow up with 605Tutor to submit the \$150 non-refundable, non-transferable registration fee, payable to 605Tutor. If enrollment is denied, fees will be fully refunded.

Parent Signature

Date

Printed Name





PHOTO RELEASE

I, _____ hereby agree and consent as follows.

A. I consent and authorize Micheel Enterprises LLC dba 605 Tutor, located at 2001 E. Briar Den Ct., Sioux Falls, SD 57108 to use my likeness in any photograph, video or other digital media ("Photos") in any and all of its publications, including print or web-based publications.

B. I irrevocably authorize Micheel Enterprises LLC dba 605 Tutor to copy, edit, enhance, crop, or otherwise alter any Photo for use in their publications. I also waive any rights for approval or inspection of any Photos.

C. I understand and agree that all Photos are the property of Micheel Enterprises LLC dba 605 Tutor, and will not be returned to me.

D. I acknowledge that I am not entitled to any compensation or royalties with respect to the use of the Photos.

E. I agree to release and forever discharge Micheel Enterprises LLC dba 605 Tutor and its affiliates, successors and assigns, officers, employees, representatives, partners, agents and anyone claiming through them, in their individual and/or corporate capacities from any and all claims, liabilities, obligations, promises, agreements, disputes, demands, damages, causes of action of any nature or kind, known or unknown, which I, and anyone claiming on behalf of me, may have or claim to have against Releasee in connection with this Release.

F. I have carefully read and fully understand all the provisions of this Photo Release Form and am freely, knowingly and voluntarily signing.

Signature of Releasor

Date

Printed Name of Releasor

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian



LIABILITY RELEASE

RISK RELEASE

We, the parents of, _____ will assume full responsibility for any Accident/Medical Insurance needed to cover our child in the case of accidental injury, or the like, while our child is attending a 605Tutor program. We will not hold Micheel Enterprises LLC dba 605 Tutor or approved representatives responsible in any manner for injury.

PARENTAL COMPLIANCE AGREEMENT

We, the parents of _____, fully satisfy the laws of the state in which we currently reside, with all the rights and privileges as outlined in our state's homeschool laws. We understand that we are primarily responsible for our child's education and that Micheel Enterprises LLC dba 605 Tutor is a complementary service to our homeschooling program.

Signature of Parent or Guardian

Date

Printed Name of Releasor

We agree to pay the full semester's tuition for our program whether our child finishes the program or not. (This is standard practice among private school options and should be carefully considered before enrolling your child.)

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian