



2024—2025  
*Pricing, Agreement, Student Information*

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Student E-mail: (if you want me to use it) \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Student Phone: (if you want me to text it) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact's Phone: \_\_\_\_\_

Special medical, health, allergy, dietary information: \_\_\_\_\_

\_\_\_\_\_

Does your child have any learning differences I should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is a Christian program and we will bring that faith into our discussions. We will discuss that we are beloved children of God and that we must first have a present and healthy relationship with God to have healthy relationships with others. We will also reference the biblical scripture as we study the value of friendship and how to be a friend.

Please indicate 'Yes' to agree to the incorporation of the Christian faith in our discussions involving your child. \_\_\_\_\_

Is there anything you want to share about your daughter in relation to how she is able to make, keep, and experience friendships? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRICING INFORMATION**

Summer Session (9 weeks): \$225

Fall or Spring Semester (12 weeks): \$300 each semester

Registration is a commitment for the full semester (so we can be friends!) but you may pay in three installments if you prefer. \$100 due at registration, \$100 October 1st/March 1st and \$100 November 1st/April 1st.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name





## PHOTO RELEASE

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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

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### 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