



Spring 2023

Dear Homeschooling Family,

Thank you for applying for admission to Bluebonnet Home Scholars Collaborative (BHSC). We would be delighted to have your students enroll in classes for the 2023–24 academic year.

To confirm enrollment, please complete the following steps:

1. **Print this letter** as well as the attached **Print & Sign Documents**, and **complete as indicated**. Return via mail to Bluebonnet Home Scholars Collaborative; 716 S. Union St.; Richmond, TX 77469, or scan and email to contact@bluebonnetscholars.org.
2. Create an account in our **Parent Portal**. Select your children's courses and pay the \$300 family registration fee. Instructions on course selection are outlined in your Welcome Email.
3. Complete **child protection training** requirements (for adults on campus during classes). Indicate your choice below:
 - Email a certificate of completion of child protection training (current within last 2 years) to contact@bluebonnetscholars.org **by June 15**. (You may complete a standard training course—such as Praesidium, VIRTUS, Safeguarding God's Children, and Protect My Ministry—through your church or other group.)
 - Mail a paper copy of a current certificate to the address given above **by June 15**.
 - Arrange with BHSC to register and complete online child protection training by **June 15**. There is no fee to you for participating in this training through BHSC.
4. Indicate **your Parent Volunteer Preferences** below:
 - Pay the annual buy-out fee of \$395 instead of fulfilling volunteer hours on campus.
 - Fulfill the 16 hours per semester volunteer requirement. Indicate your preference:
 - 4 shifts of 4 hours each (teacher's aide + lunch duty)
 - 8 shifts of 2 hours each (clean-up)
 - 16 shifts of 1 hour each (lunch duty or dedicated teacher's aide)
 - A combination of shift lengths, possibly with some 3-hour shifts.
 - No preference
 - Any dates you'll be out of town or unavailable? If so, which?: _____
5. **Email** contact@bluebonnetscholars.org a **family photo** including all students attending BHSC and all household adults who may drop off or pick up your students. This is for a staff-only photo directory, so our desk staff can ensure that each student is picked up only by adults who are authorized.

We look forward to continuing to pursue wonder, knowledge, and love together as fellow scholars with you.

On behalf of the BHSC Team,

Jen Hartenburg

Founder & Executive Director

Please **sign here** to indicate your understanding of the five enrollment steps: _____

Bluebonnet Home Scholars Collaborative

CODE OF CONDUCT

In harmony with the Bluebonnet Home Scholars Collaborative (BHSC) core values of tenacity, collaboration, and freedom, and to help facilitate a positive experience for all participants in BHSC, my child and I agree to the following code of conduct:

- We agree to treat others with respect and charity, to look for the good in others, and to value and honor one another.
- We agree to dress in a manner appropriate for the learning environment and to avoid wearing distracting or immodest clothing.
- We agree to come to classes ready to learn by bringing both the required supplies with any assigned homework as well as a cheerful and willing heart.
- We agree to be honest and open with teachers and peers, to ask for help or clarification when needed, and to work collaboratively in our shared scholastic pursuits.
- We agree to embrace scholastic challenges—to do hard things and not give up—as we continue to grow together into the fullness of the image and likeness of God, our Creator.
- We agree to treat church and BHSC property with respect and care and to help clean up after ourselves.
- We understand that uncooperative, disruptive, or disrespectful behavior may result in termination of the student’s participation in BHSC with no refund of tuition or fees.

Students, please initial to indicate your agreement with the BHSC Code of Conduct:

PERMISSIONS

May we list parent/guardian email and phone number in the BHSC Parent Directory? Y N

May we add you to our BHSC list in order to send you SMS messages and emails via Remind? Y N

Note: This is the main way we will contact families for urgent announcements. The Remind app provides an avenue for members of the BHSC community to connect instantly for time-sensitive announcements such as severe weather closures. Instructors and staff may also use Remind to send non-urgent announcements and to share attachments. Parents and students can use Remind for two-way messaging with an instructor or staff member. Normal text messaging rates may apply.

I grant Bluebonnet Home Scholars Collaborative my permission to take photographs and/or video of my child(ren) in the program setting for any legal use, including but not limited to the following: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Signature of Parent/Guardian

Printed Name

Date

Bluebonnet Home Scholars Collaborative

MEDICAL RELEASE FORM

As the legal parent(s) or guardian(s) of _____, the child(ren) listed below, each of whom is a minor, I, the undersigned, hereby understand and agree for each child:

The said minor is participating in Bluebonnet Home Scholars Collaborative (hereafter "BHSC") with my full consent.

I further consent to any emergency medical services or treatment which may be necessary or appropriate in the event of injury or severe illness during BHSC activities.

I, the undersigned, give my permission to the employees and volunteers of BHSC to take whatever steps are necessary to stop any bleeding and to administer first-aid. I also consent to an x-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment and hospital care, and the administration of drugs or medicines to be rendered to my child under the general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization.

I will indemnify and hold harmless from any expense or claim of any nature any person or entity that provides or causes to be provided examination, treatment, or hospital care under this authorization (except to the extent such entity is negligent therein) and conditionally agree to make or cause to be made, by assignment of third-party benefits or otherwise, full and complete payment for such examination, treatment, or hospital care.

I understand that this consent will apply to all emergency situations present and future, and that a copy of this form is as valid as the original.

Signature of Parent/Guardian

Date Signed

Printed Name

Relationship to Child(ren)

Child(ren)'s Information:

First Name Middle Last Birth Date Last Tetanus Immunization

First Name Middle Last Birth Date Last Tetanus Immunization

First Name Middle Last Birth Date Last Tetanus Immunization

First Name Middle Last Birth Date Last Tetanus Immunization

First Name Middle Last Birth Date Last Tetanus Immunization

First Name Middle Last Birth Date Last Tetanus Immunization

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Hospitalization Insurance Company: _____

Policy or Group Number: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Emergency Contact Name and Phone: _____

Does your child, or do any of your children, take any prescribed medications? Y N

Does your child, or do any of your children, have any allergies? Y N

If yes, please explain:

Is (each of) your child(ren) immunized? Y N

WAIVER/RELEASE OF LIABILITY FOR COMMUNICABLE DISEASES INCLUDING COVID-19

Whether or not your child is or is not immunized, please read and sign the following statement:

I as parent/guardian, with legal responsibility for _____, the child(ren) participant(s), in consideration of being allowed to participate in classes, events and activities at Bluebonnet Home Scholars Collaborative (BHSC), have read and explained the provisions in this waiver/release to my child/ward, including the risks of presence and participation and his/ her personal responsibility for following the rules and regulations for protection against communicable diseases. I for myself, my spouse, and my child/ward do consent and agree to the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19 which is an extremely contagious virus that spreads easily through person-to-person contact. While particular rules and personal discipline may reduce this risk, the risk does exist; and,
2. WE KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. If I become aware of, or if my child/ward informs me of, any unusual or significant hazard during my presence or my child/ward's participation, I will remove my child/ward from participation and promptly bring the matter to the attention of a representative of the BHSC; and,
4. I, for myself and on behalf of my spouse and child/ward and our heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Bluebonnet Home Scholars Collaborative, their officers, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), **WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH,** or loss or damage to person, **WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Parent/Guardian

Date Signed

Printed Name

Relationship to Child(ren)

Bluebonnet Home Scholars Collaborative

PERMISSION & RELEASE OF LIABILITY FOR THE NEGLIGENCE OF BHSC FORM

Minor Participant Name(s): _____

RELEASE OF LIABILITY FOR THE NEGLIGENCE OF BLUEBONNET HOME SCHOLARS COLLABORATIVE

I represent and warrant that I am the Parent or Legal Guardian of the above-named Participant(s), who is(are) under eighteen years of age, and am fully competent and have authority to sign this Agreement, or that I have obtained permission from the Parent or Legal Guardian of the above-named Participant(s) to sign this Agreement on their behalf. I give permission for Participant to participate in Bluebonnet Home Scholars Collaborative (BHSC) programs and activities.

I acknowledge and understand that participation in Bluebonnet Home Scholars Collaborative (hereafter "BHSC") activities and programs may involve the risk of injury to me or the above-named Participant(s), whether caused by the above-named Participant(s), another participant, or anyone else, including BHSC's owners, officers, directors, employees, volunteers, agents, and independent contractors. Specific risks vary from one activity to another and the risks range from minor injuries to major injuries, such as catastrophic injuries including death. As additional consideration for participation in BHSC's activities and programs, **I understand and voluntarily accept and assume the risks and agree that BHSC, its owners, officers, directors, employees, volunteers, agents and independent contractors will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss, or any damage to me or Participant(s), resulting from the negligence of BHSC or anyone acting on BHSC's behalf or anyone participating in BHSC's activities and programs, whether related to BHSC's activities and programs or not.**

I also acknowledge and understand that many of BHSC's activities and programs will take place at Saint Martin's Lutheran Church (hereafter "St. Martin's Church"). As additional consideration for participation in BHSC's activities and programs, **I understand and voluntarily accept and assume the risks and agree that St. Martin's Church, its owners, officers, directors, employees, volunteers, agents, and independent contractors will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss, or any damage to me or Participant(s), resulting from the negligence of St. Martin's Church or anyone acting on St. Martin's Church's behalf or anyone participating in BHSC or St. Martin's Church's activities and programs, whether related to BHSC's or St. Martin's Church's activities/programs or not.**

Signature of Parent/Guardian

Printed Name

Date

Assumption of Risk

Participation in BHSC class and program activities carries with it a certain assumption of risk. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises above. Bluebonnet Home Scholars Collaborative may but shall not be obliged to carry insurance on the participant(s) and the existence of insurance shall not change, alter, or increase the liability of Bluebonnet Home Scholars Collaborative to the participant(s) and the undersigned or affect the terms of the Release. In signing the Release, the undersigned acknowledges: a) That they have read thoroughly, understand completely the terms of Registration and Release, and sign it voluntarily; b) That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant(s).

Signature of Parent/Guardian

Printed Name

Date

Bluebonnet Home Scholars Collaborative

Miscellaneous

The Waiver and Release Form shall be construed in accordance with and subject to the laws of the State of Texas. If any paragraph, section, sentence, clause, or phrase contained in this Waiver and Release Form becomes or is held by a court of competent jurisdiction to be illegal, null, or void against public policy, the remaining paragraphs, sections, sentences, clauses, or phrases contained in this Waiver and Release Form shall not be affected thereby.

I certify that I am of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding, I have been provided the opportunity to seek legal counsel prior to signing this instrument and accordingly certify that I am signing this agreement, after having carefully read and understood it, of my own free will.

Parent(s) or court-appointed legal guardian(s) must sign for any participating minor (those under 18 years of age) and agree that they and the minor are subject to all the terms of this document, as set forth above.

By signing below the parent or court-appointed legal guardian agrees that they are also subject to all the terms of this document, as set forth above.

Signature of Parent/Guardian

Printed Name

Date

Tuition Payment Agreement

I agree to pay tuition in ten equal monthly payments via automatic debit from my credit card or via automatic ACH transfer, July through April. I understand that *A la carte* tuition for classes with fewer than 8 students enrolled after September 16 will be subject to the Lite Class Tuition Rate, a 30% tuition increase for 8 months, Sept. through April, or for as long as the class remains under-enrolled.

Note: Please review the class list on your Parent Portal account to ensure that your student(s)'s enrollment is correct. Thank you for choosing Bluebonnet as your homeschool partner!

Family Information

Parent's Name: _____ Phone: (_____) _____ - _____

Name(s) of Child(ren)'s enrolled in BHSC: : _____

Please log in to your BHSC Parent Portal account to verify enrollment details and enter your payment information. You will be able to choose one of the following two options:

- Credit Card Automatic Payments
- ACH Automatic Payments

Tuition & Refund Policy

I, the parent/guardian, understand and agree to each of the following policies:

Please return completed form to *Bluebonnet Home Scholars*, 716 S. Union Street, Richmond, TX 77469.

Bluebonnet Home Scholars Collaborative

- Tuition payment is paid monthly for ten months, July 2023 through April 2024.
- Students of families with outstanding balances will not be permitted to attend class until payment is made.
- Enrolled classes may be dropped without charge up until June 15, 2023. **After June 15** (but before September 16, see below), classes may be dropped for an additional **\$10 fee per class dropped**.
- Enrollment is for the entire 2023-24 academic year and **after Sep. 16, 2023, full tuition fees are due for the full year even in the case of withdrawal from the program**.
- I will be entitled to a partial refund of tuition if I cancel enrollment on or before Sep. 16, 2023, but **the July 2023 (or first month's) tuition payment is non-refundable**, as it is used for the purchasing of supplies.
- No refunds will be given in the event of student dismissal.
- There are no discounts given for holidays, inclement weather, illnesses, or other absences by the student, and that missed classes are non-refundable.
- If dropping a class or withdrawing from the program, I agree to notify BHSC in writing.

I understand that I must choose one of the following monthly payment options:

- Credit Card Auto Pay (BHSC automatically charges Credit Card on the 20th day of the month), or
- ACH Auto Pay (BHSC automatically drafts checking/savings account on the 20th day of the month).

I understand that there will be a \$30 charge for any declined or invalid Auto Pay transaction and any NSF check transaction on ACH drafts. I understand that the drafting information provided upon registering will be used until new drafting information is received.

I have read and agree to all of the above.

Signature of Parent/Guardian

Printed Name

Date

Parent Volunteer Requirement Policy

I, the parent/guardian, understand that enrollment is contingent on a satisfactory background check for the parent(s) volunteering on campus.

I understand that every Bluebonnet family is required to volunteer on campus sixteen hours per semester, and I agree to fulfill my volunteer duties or to pay an opt-out fee of \$395/year. I also understand that **beginning 2023, a volunteer deposit check of \$395 will be due at orientation**, and that this check will be destroyed uncashed once I've fulfilled my 16 hours per semester volunteer requirement. Failure to complete my volunteer requirement will result in my deposit check being cashed in full without proration for hours completed.

I have read and agree to all of the above.

Signature of Parent/Guardian

Printed Name

Date