



**Pathways Enrichment Program  
Enrollment Forms  
2024-2025  
(ONE PER FAMILY UNLESS OTHERWISE NOTED)**

Student Name: \_\_\_\_\_ M / F Grade for 2024-25: \_\_\_\_\_ DOB: \_\_\_\_\_  
Student Name: \_\_\_\_\_ M / F Grade for 2024-25: \_\_\_\_\_ DOB: \_\_\_\_\_  
Student Name: \_\_\_\_\_ M / F Grade for 2024-25: \_\_\_\_\_ DOB: \_\_\_\_\_  
Student Name: \_\_\_\_\_ M / F Grade for 2024-25: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Ok to add to Program Directory and receive a weekly email newsletter? Yes / No

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

Ok to add to Program Directory and receive a weekly email newsletter? Yes / No

**Please answer the following questions about your family.**

1. How did you hear about Pathways? Why do you believe Pathways would be a good fit for your family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How long have you homeschooled your children? If this is your first year, what influenced your decision to homeschool?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please choose one or more that describes your style of homeschooling:

- Charlotte Mason
- Classical
- Eclectic
- Traditional
- Unit studies
- Unschooling

4. Pathways is a Christian community, and our classes are taught from a Biblical perspective. We ask that our families share a Christian faith and are actively involved in a local church.

4a. Please describe your personal salvation story. How did you come to know Christ as your personal Lord and Savior?:

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4b. What church do you attend and how often do you attend? Please describe your family's involvement in your church community.

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4c. Please provide at least two character references. At least one must be a pastor or spiritual leader.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Please list a few of your children's strengths, interests and personality traits:

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6. Do any of your children have any speech, language, physical, emotional, or learning disability? Does your child have an active IEP or 504 Plan? *(Please note: At this time, our staff is not equipped to provide adequate services & accommodations for children with moderate to severe disabilities.)*

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7. Have any of your children been suspended, expelled or had any disciplinary difficulty in school?

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8. Is there anything else you feel would be important for us to know about your children?

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9. Saxon Math Level in fall 2024 (list each child):

*Note: If you do not know your student's grade level, please have them complete a Placement Test on the following website: [https://nicolethemathlady.com/saxon-math-placement-tests/#block\\_5e2229ec2146e](https://nicolethemathlady.com/saxon-math-placement-tests/#block_5e2229ec2146e)*

Student Name: \_\_\_\_\_ Saxon Math Level: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Saxon Math Level: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Saxon Math Level: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Saxon Math Level: \_\_\_\_\_

## Pathways Enrichment Program Tuition Information

### **Annual Class Fees**

K - 5<sup>th</sup> grade - \$2,500 per student, per year

**Application/Materials Fee:** \$150 per child

The Application fee is a one-time payment due at the time of enrollment in order to hold your spot. Please scan this QR code to submit the application fee online:



### **Tuition Payment Options**

- **Full Payment:** The entire amount is paid on or before August 15.
- **Semi-Annual Payment:** One half of the fees are paid on or before August 15. The remaining one half is paid on or before January 15.
- **10 Monthly payments:** This 10-month payment plan begins August 15 and concludes May 15. After the initial payment on August 15, each following payment is due by the 15<sup>th</sup> of each month.

\*Note: There is a \$25 late fee for any tuition paid after the due date. All payments will be processed online through The Cause Church. Online payments will require a 2.15% + \$0.30 per transaction.

**Pathways Enrichment Program  
2024-25 Financial Contract**

**Please indicate how you will be paying:**

- Annual Payment (Due Aug. 15)
- Semi-annually (Due Aug 15 and January 15)
- Monthly Payments (10 payments beginning Aug. 15 and ending May 15):

Payment Plan	:# of students	Subtotal
Annual (1 payment)		
Semi-annual (2 payments)		
Monthly (10 payments)		
<i>Please add a 3% fee to any tuition payments made by credit card.</i>	<b>Tuition total:</b>	

\_\_\_\_\_  
Mother's Name (print)

\_\_\_\_\_  
Father's Name (print)

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Pathways Statement of Faith

We believe:

- **The Bible** is the Word of God, divinely inspired and the final and only infallible rule of authority on matters of faith and practice. (*2 Peter 1:21*)
- **The Trinity:** There is only one, true God, eternally existing in three distinct Personalities: the Father, the Son, and the Holy Spirit. These three are one God, having the same nature, attributes, and perfection. (*Genesis 1:1, 26-27; Deuteronomy 6:4; Psalm 90:2; Matthew 28:19; 2 Corinthians 13:14; 1 Timothy 2:5; 1 Peter 1:2*)
- **Jesus Christ** is the Son of God. He became a man, being born of the virgin Mary, and lived a sinless life. Jesus offered Himself as a perfect sacrifice for the sins of all people by dying on a cross. He rose bodily from the dead after three days, demonstrating His victory over sin and death. He ascended to heaven, seated in authority, and will return again to earth to reign as King of kings and Lord of lords (this is sometimes referred to as “The Second Coming”). (*Isaiah 9:6; Matthew 1:22-23; John 1:1-5, 14, 5:18; Acts 1:9-10; 1 Corinthians 15:3-4; Philippians 2:5-11; Colossians 1:15-20; Hebrews 1:1-3; 4:14-15*)
- **The Holy Spirit** is co-equal with the Father and the Son. He is Creator, and is present in the world to convict people of their sin and make them aware of their need for the Savior – Jesus Christ. People are regenerated (born again) by the Holy Spirit, and He lives in believers to manifest the character of Christ. He provides believers with power for holy living, understanding of spiritual truth, and guidance for life. (*Genesis 1:2; John 14:16-17, 16:7-13; Acts 1:8; 5:3-4; 1 Corinthians 2:10-14, 12:3-11; 2 Corinthians 3:17-18; Galatians 5:22-25; Ephesians 1:13; 5:18*)
- **Sin:** People are created in the image of God, and are designed to reflect His character. Through willful transgression and disobedience (sin), people have fallen from their originally created state of righteousness, peace, and joy into a state of separation from God. People are unable to deliver themselves from their sinful condition, but are totally dependent upon the power of God as presented in the Gospel of Jesus Christ. (*Genesis 1:26-27; Psalm 8:3-6; Isaiah 53:6, 59:1-2; Romans 3:23; 5:12-21*)
- **Salvation:** Salvation is the free gift of God received by faith, believing and trusting in Jesus Christ who died as our substitute that we might live. Through repentance from sin and faith toward God, we turn from our self-ruled life to trust in Jesus as Lord and Savior. (*John 1:12; 14:6; Romans 5:6-21; 6:23; Galatians 3:26; Ephesians 2:8-9; Titus 3:5*)
- **The Church** is composed of all who have experienced, through faith in Christ, the new birth into the family of God. Since the New Testament exhorts believers to gather for such purposes as worship, prayer, fellowship, sharing the Lord’s Supper (communion), teaching of the Word, ministry to fellow Christians, and evangelism, the local church is an indispensable part of God’s plan for His people and the world. (*Matthew 16:16-18; Romans 12:5; 1 Corinthians 12:12-13; Ephesians 1:22-23; 4:4-6; 4:15-16*)
- **Eternal destiny:** God created people to exist forever. We will either exist eternally separated from God by sin, or eternally with God through forgiveness and salvation. Eternal separation from God is hell. Eternal fellowship and union with God is eternal life, or heaven. (*Ecclesiastes 3:11; Matthew 19:29; 25:31-46; John 3:16; Matthew 25:31-46, 19:29; 2 Thessalonians 1:7-9; Revelation 20:11-15*)

I understand that Pathways abides by this Statement of Faith and that my child(ren) will be taught according to a Biblical worldview as a participant of Pathways Enrichment Program.

\_\_\_\_\_  
Parent Name (Please print)

\_\_\_\_\_  
Parent Name (Please print)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## Pathways Academic Agreement

We understand that being educated at home is a privilege. We also agree that partnering with Pathways Enrichment Program is a choice we are making as a family to enrich our homeschool experience. We understand that this requires communication, patience, time, sacrifice and commitment on everyone's part to be successful. We look forward to the joys of homeschooling with Pathways Enrichment Program and agree to work through any difficult moments together.

### As a student, I will:

- treat my family with respect and kindness
- listen to my Pathways teachers, treat them with respect and follow their guidance
- follow the Monthly Lesson Plans closely to complete my coursework on time or sooner
- do what's asked of me without protest

### As a parent, I will:

- teach values, academics and life skills
- provide a safe, consistent and comfortable environment to learn
- purchase the required curriculum chosen by Pathways Enrichment Program
- follow the Monthly Lesson Plans closely to ensure that my student is prepared for class and their coursework is completed on time
- use discipline to help students develop self control and independence
- respect my children's individuality and help them develop their own dreams, strengths and interests

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Parent Signature

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Student Signature

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Date

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Student Signature

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Student Signature

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Student Signature

**PATHWAYS ENRICHMENT PROGRAM  
PARENT CONTRACT AGREEMENT  
2024-2025**

I have received a copy of, read and understand the Pathways Info Packet and will comply with the policies set forth by the program administrators.

My Child(ren) \_\_\_\_\_

Date \_\_\_\_\_

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

## PICTURE RELEASE

For Photographs, films, website, and video recordings.

Child(ren) Name(s): \_\_\_\_\_

You have our permission for films, video recording, slides, and photographs to be made of our child in classroom instruction, assessment, and other school activities.

I understand that films, video recordings, website, and photographs are being produced for education purposes and may be used for school publications and news releases. In certain instances, names of pupils may be used for identification.

\_\_\_\_\_ Permission is granted

\_\_\_\_\_ Permission is NOT granted

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date



**Pathways Enrichment Program  
Covid-19 Liability Release**

Dear Parent:

The coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, federal, state, and local governments and agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs and activities of our Program, you agree to the following:

On behalf yourself and your children, you hereby release, covenant not to sue, discharge, and hold harmless **Pathways Enrichment Program, The Cause Church, Preston Ridge Church**, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this church, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programmed event.

Names of Children participating in program:

_____	_____
_____	_____

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

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

Date: \_\_\_\_\_

**PATHWAYS ENRICHMENT PROGRAM  
STUDENT EMERGENCY INFORMATION  
(ONE PER STUDENT)**

STUDENT NAME \_\_\_\_\_ M/F \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

*Occasionally a pupil becomes ill or has an accident, and although first aid is given, it is necessary to get in touch with the parents immediately, or to take him/her where he can receive further attention. The following information will help make such action possible.*

Mother's Name \_\_\_\_\_ Working Hours: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Father's Name \_\_\_\_\_ Working Hours: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

In an emergency or illness when you cannot reach one of the above, I authorize the school to call:

Name (Relationship): \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name (Relationship): \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Unless you have otherwise noted, this form authorizes release of this child to any of the people listed above.

Child's Doctor: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Member number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
*Please provide a copy of your insurance card for emergency purposes.*

Child's Dentist: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

**AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO THE CAUSE CHURCH DBA AS PATHWAYS ENRICHMENT PROGRAM TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.), OSTEOPATH (D.O.), OR DENTIST (D.D.S.) FOR:**

\_\_\_\_\_  
(Student Name)

**THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB, OR WELL BEING OF THE CHILD NAMED ABOVE.**

\_\_\_\_\_  
PARENT/GUARDIAN/AGENCY REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

Has this child had an operation, serious injury, or accident within this past year? No Yes  
When? \_\_\_\_\_ Type: \_\_\_\_\_

ALL ALLERGIES (including medications): \_\_\_\_\_

IS YOUR CHILD REQUIRED TO CARRY AN EPI PEN? YES / NO

Persons authorized to pick up child from school:

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone

\_\_\_\_\_  
Name Relationship Phone