



LIFE ACADEMY

Leadership Infused Family Education

Registration 2016/2017

PARENTS' NAMES:

ADDRESS:

HOME PHONE:

ALT/CELL PHONE:

EMAIL:

Children participating in LIFE Academy (please note any allergy or other pertinent medical information):

NAMES	BIRTHDATES	CLASSES (Scholar, Love of Learning, Core)

PAYMENT INFORMATION per SEMESTER***

Payment Due: Fall Semester: September 2, 2016 Spring Semester: February 1, 2017

Family Fee (Fall Semester):	\$100
Family Fee (Spring Semester):	\$100
*Sword of Freedom Tuition:	\$115
*Hero Generation Tuition:	\$50
*Georgics & Pyramid Project:	\$90
*Quest I/II Tuition:	\$50
Love of Learning (age 9-10) Tuition:	\$20
Core (age 0-8) Tuition:	\$10

★Please make checks payable to "LIFE Academy" or "LIFE Academy of Salem"

*****FEES AND TUITION ARE NON-REFUNDABLE*****

Website: www.lifeacademysalem.com

LIFE Academy's philosophy is built upon the ideas of Leadership Education as outlined in Oliver DeMille's books, including [Thomas Jefferson Education: Teaching a Generation of Leaders for the Twenty-First Century](#). Our Scholar Program parent mentors are trained and offer classes using materials produced by Leadership Education Mentoring Institute (LEMI). We encourage you to read Dr. DeMille's books to better understand the foundation upon which our group operates. If you need help finding them, please let us know.

Please know that it will take the efforts of and contribution of all the moms (and dads if available!) to make this group successful. All moms will be needed to teach or assist in classes for the varying ages this year.

By registering for LIFE Academy, I agree that I understand or will come to understand the TJEEd philosophy and support the mission and vision of LIFE Academy. I have read and agree to adhere to the LIFE Academy Constitution and the Policies and Procedures 2016-17 as outlined in the documents by the same name.

(Signature)

Date

Indemnity and Release:

I hereby release and agree to hold harmless and waive any claim for person or property related to the organization of LIFE Academy, its officers, volunteers and all facilities used by and all personnel associated with said facilities.

I also agree to pay for all damages to facilities used by LIFE Academy caused by me or my family's negligence, willful, or reckless behavior.

BY SIGNING BELOW, I ACKNOWLEDGE I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT AND AGREE TO BE BOUND BY THE PROVISIONS AND REQUIREMENTS CONTAINED HEREIN. I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY.

(Please Print Name)

Date

(Signature)

Date

[Type here]