



Pathways For Scholars

Growing God's Children - Mind, Heart, & Soul

2018-2019 Registration Check List

- Complete and sign the *Registration Contract* (One per family)
- Complete the appropriate *Enrollment Form* for each child you wish to register. (One form per each applicable section: Explorer, Investigator, Navigators, Surveyors and Scholars)
- Pay **non-refundable** registration. Checks should be made payable to Pathways for Scholars.
- Complete the *Medical Release Form* (one per family) and return.

Return all registration forms and checks to Abby McDowell by August 09, 2018.
Submission of registration materials should be mailed to the following address:

Abby McDowell
2051 Hideaway Point
Myrtle Beach, SC 29579

For questions, please contact Abby McDowell at mcdowell.pathways@gmail.com 843-241-5764.



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Authorization for Medical Treatment

I, _____, am the parent of legal guardian of

Child's Name	DOB	Allergies/Medicines

- My child is attending and participating in Pathways for Scholars from August 23, 2018 to May 31, 2019.
- I hereby authorize Pathways and its officers, agents, volunteers, or employees, who supervise the activities at Pathways, to consent to emergency medical care and/or emergency dental care for my child.
- I further authorize Pathways and its officers, agents, volunteers, or employees, who supervise the activities at Pathways, to receive physical custody of my child upon completion of treatment.

I/We understand that this form is only to be used in the case of an extreme emergency when, I the parent/legal guardian of my child, is not present at Pathways for Scholars.

Date _____

Signature of parent or legal guardian

Address

City

State

Zip

Home Phone

Cell Phone

Medical/Health Insurance Company

Insurance Policy #

In case of emergency, list another adult we may contact if you are unavailable

(____) _____

Relationship

Child's Primary Care Doctor

Doctor's Phone



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2018-2019 REGISTRATION CONTRACT

Last Name _____ Mother _____ Father _____

Mailing Address _____ City _____ Zip _____

Primary phone name and # _____ (text - yes or no)

Secondary phone name and # _____ (text - yes or no)

Preferred E-mail address _____

Are you a returning family? **YES** **NO** Pathways family since: _____

Are you currently a support member in good standing with VBHE? **YES** **NO**

Church affiliation (optional) _____

Children's Names (in Pathways), birth date, and grade DURING 2018-2019 school year

Name(s)	DOB	Grade

Please INITIAL each of the following and sign the bottom:

I understand the **Registration fee is non-refundable** upon payment. _____

I understand **supply fees are non-refundable**. _____

I understand **first tuition payment is due on August 23rd, 2018**. _____

I have read the entire registration packet. _____

I have reviewed the information and general policies of Pathways for Scholars with my children. (to be supplied prior to orientation)

I agree to abide by the rules and expectations as presently listed or as may be subsequently amended. I understand that if anyone in my family violates the rules, it may jeopardize our participation in Pathways and that Pathways Board reserves the right to deny participation to any student or family. _____

I agree to be responsible for the behavior of the children in my charge. _____

In the case of an accident that results in the injury to my children, **I agree to hold harmless Pathways for Scholars or The Father's House for any damages or medical care/expenses**. _____

I agree to **pay for any item that my child damages or breaks** at The Fathers House. _____

Parent's Signature _____ Date: _____

Student's Signature _____ Date: _____

Student's Signature _____ Date: _____

Student's Signature _____ Date: _____



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Student's Signature _____ Date: _____