

HERITAGE CHRISTIAN SUMMER ACADEMIC PROGRAM

June 16*–July 21, 2017

*Students begin pre-testing on Friday, June 16



9825 Woodley Avenue, Northridge, CA 91343 | 818-894-5742 | heritage-schools.org

NOTICE OF NON-DISCRIMINATION: Heritage Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.

Summer Academic Program FAQ

We are pleased to welcome you to our 2017 Summer Academic Program. The program allows students to strengthen skills and make up credits that were lost during the school year. HCS summer academic program is a great place for your student to learn and grow.

Who may enroll?

- Students in grades 6-12
- Students from other schools are welcome to attend

What is the purpose of the Summer Academic Program?

Purpose of the Secondary Summer Academic Program (6-12)

- To provide students with an opportunity for remediation and credit recovery of a “D” or “F” grade in a semester course.
- Students who fail a course during the regular school year at HCS are required to make up that course at the HCS Credit Recovery or Summer Academic Program.

What Secondary School Courses are offered?

All courses are offered through our online course system. We may be able to accommodate other courses if requested.

MS Bible (grades 6,7,8)	HS Bible (grades 9,10,11,12)
MS General Math (grades 6, 7, 8)	Algebra 1 and A & B (grades 7, 8, 9, 10, 11)
Pre-Algebra (grades 6,7)	Geometry (grades 8, 9,10,11)
MS World and US History (grades 6,7,8)	HS Algebra 2 and A & B (grades 9,10,11)
MS English (grades 6,7,8)	HS English (grades 9,10,11,12)
MS Science (grades 6,7,8)	HS World and US History (grades 10,11)
	HS Government and/or Economics (grade 12)

How do I Register? **Non-Heritage Christian students**

- Fill out the Summer Academic Program Registration Form
- Fill out the Summer Academic Parental Contract
- Read and sign the Mediation and Arbitration of Disputes Form
- Fill out the Emergency Treatment Form
- Provide Immunization Records
- Return the above four forms with the NON-REFUNDABLE \$50 deposit
- Enrollment should be completed before Wednesday, June 14
- Enrollment in classes after June 14, will depend on space availability
- Enrollment after June 14, will be an additional \$25.00

How do I Register? **Heritage Christian enrolled students**

- Fill out the Summer Academic Program Registration Form
- Return the above form with the NON-REFUNDABLE \$50 deposit
- Enrollment should be completed before Wednesday, June 14
- Enrollment in classes after June 14, will depend on space availability
- Enrollment after June 14, will be an additional \$25.00

How much is the Summer Academic Program tuition?

- ❑ The fee for each semester course is \$250.00 (MS and HS students may take *a maximum of 2 semester courses.*)
 - If taking more than one semester course, \$250.00 is due upon registration and the balance of \$250.00 is due by Wednesday, June 14
- ❑ The fee for one course is \$250.00; this entire fee is due upon registration
- ❑ All Summer Academic Program fees must be received by Wednesday, June 14
- ❑ Any fee paid after June 14, whether partial or full, will incur an additional \$25.00 fee
- ❑ All outstanding tuition and fees from the school year must be paid in full before a student may be enrolled in the summer academic classes

When and how long is the Summer Academic Program?

- ❑ The Summer Academic Program is five weeks long
- ❑ It begins Monday, June 19 and ends Friday, July 21; however, students are encouraged to start pre-testing on **Friday, June 16**

What is the Summer Academic Program dress code?

- ❑ Students are not required to wear uniforms during the summer
- ❑ All dress must be modest, decent and in good taste
- ❑ Decisions about the appropriateness of dress are at the sole discretion of the administration
- ❑ Students in violation of the dress code will be sent to the office for appropriate correction
- ❑ Students with two or more dress code violations may be dropped from the Summer Academic Program. If a student is dropped from the Summer Academic Program for any reason, the tuition is non-refundable

Appropriate Dress

- ❑ modest shorts, modest tops
- ❑ clean, neat jeans
- ❑ girls' shorts and skirts must be appropriately fitted so that the hem is not more than three inches above the top of the knee cap
- ❑ t-shirts with appropriate art and slogans
- ❑ closed toe shoes with a heel strap

Inappropriate Dress

- ❑ bike shorts, short shorts
- ❑ ripped jeans, excessively tight jeans
- ❑ tank tops, tube tops, open-back shirts
- ❑ t-shirts with images or slogans that do not represent Christian values
- ❑ sandals, flip-flops, open back shoes
- ❑ pajamas
- ❑ clothes that reveal undergarments
- ❑ tights or leggings

Program Description:

SECONDARY SCHOOL (Grades 6-12 completed) This is an entirely online program.

Cost: \$ 50 registration
\$250 per semester course (*2 courses maximum*)

Students come to the *South Campus, at their assigned time*, for pre-testing on **Friday, June 16**. If you are not able to come on Friday, you must attend on the first day of Summer School for orientation to the online program. After that, all work is completed at home, except for exams which are taken on campus every Friday.

All tests are taken on Fridays at the assigned campus in the lab at assigned times. At least one test must be taken each Friday. Students will test on the course work completed and then pre-test for the next unit. To skip a chapter, students need a 70% or higher on their pre-test.

Students are expected to work at least two hours per day on each semester course. So, if taking two courses, four hours are expected per day. They may work on weekends, evenings – anytime, because it is web based. Enrollees may finish the course as quickly as they like, but the last day to finish is **Friday, July 21**. *There will not be any extension to this end date.*

**HERITAGE CHRISTIAN SCHOOL
 SUMMER ACADEMIC PROGRAM
 PARENTAL CONTRACT 2017**

Student's Name _____	Grade _____
Student's Name _____	Grade _____
Student's Name _____	Grade _____

The following contract between Heritage Christian School and _____
 (Parent/Guardian's names)

hereby states:

1. I/we have read the following items in the 2017 Summer Academic Program package for my/our child. Each must be completed and returned prior to enrollment.

- *Summer Academic Program Registration Form
- *Emergency Treatment Authorization Form
- *Mediation and Arbitration of Disputes Agreement
- *Necessary Fees

2. This Summer Academic Parental Contract shall be deemed a supplement to the Parental Contract governing our school policies. In the event my/our child was not enrolled during the regular academic year, this Contract shall be the Parental Contract with Heritage Christian School.

3. I/we agree that my/our child(ren) is/are required to follow all of the policies, rules and regulations as they apply to Heritage students during the regular academic year. I/we understand that these policies, rules, and regulations, as contained in the Parent/Student Handbook, are strictly enforced and I/we agree to be bound by them. If you did not receive a copy of the complete Parent/Student Handbook it is available upon request from the office or on our school website at www.heritage-schools.org.

4. I/we further specifically agree to be bound by the Mediation/Arbitration of Disputes Agreement which is part of this contract, and if necessary, by legally binding arbitration in accordance with the Mediation/Arbitration of Disputes Agreement. I/We agree that this agreement shall be the sole remedy for any dispute arising between me/us, my/our child(ren), and the school, or its employees or agents, and do hereby waive, on behalf of myself/ourselves, and my/our child(ren), the right to file any legal action against the school in a civil court or agency, except to enforce an arbitration decision.

I/we are the parent(s) or legal guardian(s) with the custodial rights of the student(s) listed above and have the legal right to sign this Summer Academic Program Parental Contract and by my/our signature(s) hereto, agree to the conditions and obligations.

Signature of Father (Guardian) _____ Date _____

Signature of Mother (Guardian) _____ Date _____

MEDIATION AND ARBITRATION OF DISPUTES

1. HILLCREST CHRISTIAN SCHOOL, a California nonprofit corporation dba HERITAGE CHRISTIAN SCHOOL (the "School") is a Christian institution which believes that the Bible commands individuals to make every effort to live at peace and resolve disputes with one another in private and within the parameters set by the Christian Church (see Matthew 18:15-20; 1 Corinthians 6:1-8). Therefore, the School, and the parents, legal guardians, and legal representatives of its students (hereinafter the parties) agree that except as expressly exempted from these provisions, any and all claims or disputes which would otherwise be the basis for legal or court action, which arise from or are related to the School and its operation, including all aspects of a student's relationship with the School, its administrators, faculty, and staff, shall be settled by biblically based mediation and, if necessary, legally binding arbitration.
2. The parties hereto agree to mediate any dispute or claim as above described arising between them before resorting to arbitration. Mediation is a process by which parties attempt to resolve a dispute or claim by submitting it to an impartial, neutral mediator, who is authorized to facilitate the resolution of the dispute, but who is not empowered to impose a settlement on the parties.
3. The mediation shall be conducted in accordance with the **Rules of Procedure for Christian Conciliation** contained in the booklet **Guidelines for Christian Conciliation** promulgated by the Institute for Christian Conciliation a division of Peacemakers Ministries (or its successor), whose address is 5550 Tech Center Dr. #311, Colorado Springs, CO 80919 and phone number is (719) 358-4900. A copy of the Rules of Procedure are available in the school office or online at www.Peacemaker.net under the Institute button. The mediation shall be conducted at a location, in the San Fernando Valley, as determined under the Rules. The parties to the dispute may mutually agree to the selection of an alternative method of mediation and/or a mutually acceptable alternative mediator to resolve the dispute.
4. If any party commences an arbitration or court action based on a dispute or claim to which the mediation provision applies without first attempting to resolve the matter through mediation, then in the discretion of the arbitrator(s) or judge, that party shall not be entitled to recover attorney's fees, even if they would otherwise be available to that party in any such proceeding.
5. The parties hereto agree that any dispute or claim in law or equity arising between them which is not settled through mediation, as above provided, shall be decided by neutral, binding arbitration and not by court action, except as provided by California law for judicial review of arbitration proceedings.
6. The dispute shall be submitted to binding arbitration in accordance with the **Rules of Procedure** promulgated by the Institute for Christian Conciliation, whose address, telephone number, and web address are provided above. In the event the arbitrator or arbitrators selected pursuant to the **Rules of Procedure** above decline to act, either party may submit the dispute to arbitration in accordance with the Rules of Procedure of ADR Services, Inc. (ADR) or Judicial Arbitration and Mediation Services, Inc.-Endispute (JAMS-Endispute). The selection between ADR and JAMS-Endispute shall be made by the claimant first filing for arbitration. The parties to an arbitration may agree in writing to use different rules and/or arbitrator(s). The cost of mediation and/or arbitration shall be governed by the Rules of Procedure. The parties shall have the right to discovery in accordance with Code of Civil Procedure Section 1283.05. In all other respects, the arbitration shall be conducted in accordance with Part III, Title 9 of the California Code of Civil Procedure. Judgment upon any arbitration award may be entered in any court having jurisdiction thereof.
7. Exempted from the provisions of these mediation and arbitration provisions is the collection of monies due the School for tuition or other charges. Such collections may be enforced directly by legal action. The mediation and arbitration provisions created herein are not intended and do not give parents, guardians, or other legal representatives standing to arbitrate matters arising from the administration and implementation of the School's educational functions. Also exempted from the provisions of this Mediation and Arbitration of Disputes Agreement are any disputes which by law are required to be resolved by a governmental agency or are by law expressly exempted from arbitration.
8. If a dispute or claim involves an alleged injury or damage to which the School's insurance applies, the School's insurer may elect not to submit the dispute or claim to mediation or arbitration as described in this Agreement, in which event unless the parties otherwise agree, this Mediation and Arbitration of Disputes Agreement shall no longer be binding with regard to that part of the dispute or claim to which the School's insurance applies. Except as otherwise provided herein, the parents, legal guardians and legal representatives of their student agree that this Mediation and Arbitration of Disputes Agreement shall provide the sole remedy for any dispute between them, their children, or students, and the School and do hereby waive, on behalf of themselves, their children and students, the right to file any legal action against the School in a civil court or agency, except to enforce an arbitration award.

I/We have read the Mediation and Arbitration of Disputes Agreement printed above and agree to be bound thereby.

Signature of Father (Guardian) _____ Date _____

Signature of Mother (Guardian) _____ Date _____

HILLCREST CHRISTIAN SCHOOL dba HERITAGE CHRISTIAN SCHOOL

North Campus: 17531 Rinaldi Street, Granada Hills, CA 91344 - Phone (818)368-7071 Fax (818)363-4455

South Campus: 9825 Woodley Avenue, Northridge, CA 91343 - Phone (818)894-5742 Fax (818)892-5018

Emergency Treatment Authorization for Treatment of a minor (one form for each child) We call 911 For All Major Emergencies

I/we, the undersigned, parent(s) or guardian of _____,
birthdate _____, grade _____ (a minor), do hereby agree and authorize:

(a) In the event my child suffers sudden illness, accident, or injury, I/we give permission and authorize Hillcrest Christian School a California nonprofit corporation dba Heritage Christian School (hereinafter "Heritage") its agents and representatives, to provide emergency aid and to provide or authorize such emergency transport and medical treatment that is deemed necessary by a paramedic, emergency medical technician, physician, or dentist (health professional). In the event hospital treatment is deemed advisable by the licensed health professional, and the school is unable to reach the parents or legal guardian or the emergency contact listed below, I/we authorize the hospital, or urgent care facility most accessible at the time of accident or during the illness, to administer such x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital or temporary emergency care deemed advisable. Emergency care may be rendered under the general and special supervision of any physician and surgeon on the medical staff of said hospital or emergency care facility, whether such diagnosis or treatment is rendered at the hospital or emergency medical facility or at the office of the physician; and

(b) It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of Heritage, its agents and employees, to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned licensed health professional, in the exercise of his/her best judgment, may deem advisable.

(c) In the event of a major disaster, earthquake, fire, etc., I authorize Heritage, its agents and employees, to use its discretion in evacuation procedures and care of my child. They may, at their discretion, release my child to travel home by his/her usual method of transportation. That method is: _____

OR _____ Car pool with, Student-driven vehicle driven by, Walking, Bicycle
_____ DO NOT release my child except to an adult authorized below as an emergency contact.

(d) It is further understood that a completed original of this Emergency Treatment Authorization signed by each parent or guardian having custodial rights is required to be on file with the school as a condition for enrollment and/or participation in any school activity or event. It is further understood that it is my/our responsibility as the custodial parent or guardian to ensure that the information on this form is current. I/we further understand and agree that unless I/we complete and file a more current Emergency Treatment Authorization, Heritage and the medical professionals referred to herein shall be entitled to rely on the information and authorization contained herein.

Parent or Legal Guardian: (please print)

Name _____ Relationship to student _____
Daytime Phones: Home () _____ Work () _____
Cell () _____

Name _____ Relationship to student _____
Daytime Phones: Home () _____ Work () _____
Cell () _____

Emergency contacts other than parent or guardian listed above: (please print)

Name _____ Relationship to student _____
Daytime Phones: Home () _____ Work () _____
Cell () _____

Name _____ Relationship to student _____
Daytime Phones: Home () _____ Work () _____
Cell () _____

Continued on Reverse

Student's Physician—Health Care Organization: _____ Phone () _____

Medical Insurance Company/HMO: _____ Phone () _____

Child's Medical Record Number: _____ Policy Number: _____

HEALTH RECORD

Medical conditions that should be considered in case of needed emergency treatment:

Date of last Tetanus Shot _____ MUST PROVIDE A DATE. "ON FILE" OR "CURRENT" NOT ACCEPTABLE.

Any activity restrictions? _____ Explain _____

Check if your child has had the following and give details below:

_____ Heart Trouble _____ Diabetes _____ Asthma _____ Epilepsy/Seizures _____ Allergies

_____ Other medical conditions _____

My child is allergic to the following medications, bee stings, or has other allergic reactions: _____

My child takes medication on a daily basis _____ What kind? _____ How much? _____

How Often? _____

Heritage Christian School is not responsible to distribute any medications during the Summer Academic Program

Print Name _____ Relationship to Minor _____

Signature _____ Date _____

Print Name _____ Relationship to Minor _____

Signature _____ Date _____

***Note:** It is your responsibility to keep the information contained in this authorization current. In the event you need to change or update the information, you are required to complete a new original of this Emergency Treatment Authorization which may be obtained from the school office or downloaded from the school's website.*

Summer Academic Program Registration Form 2017

PROGRAM PRE-TESTING BEGINS FRIDAY, JUNE 16, AND LAST DAY IS FRIDAY, JULY 21.

Parents: One application form is required for each child registering. Please complete this application and mail with your check at once to assure a space for your child. (Full amount must be paid **by June 14.**) Please label your envelope SUMMER ACADEMICS REGISTRATION. Make checks payable to Heritage Christian School.

Name _____ M / F Grade completed in May 2017 _____
Last First

Street Address _____ City _____ Zip _____

Home Phone (____) _____ Student's email address _____

Father's Name _____ Work phone (____) _____

Email _____ Cellular number (____) _____

Mother's Name _____ Work phone (____) _____

Email _____ Cellular number (____) _____

Please circle best way to reach student and parent above.

School attended 2016-2017 school year _____

School the student will attend 2017-2018 school year _____

This REGISTRATION FORM for the summer academic program must be completed, signed, and returned with the fees. For **non-Heritage** students, the EMERGENCY TREATMENT AUTHORIZATION FORM, THE MEDIATION AND ARBITRATION OF DISPUTES FORM and the PARENTAL SUMMER ACADEMIC PROGRAM CONTRACT 2017 must also be returned. Registration will not be complete until all forms are returned to the office and fees are paid.

The School is unable to distribute any medicine to those enrolled in the Summer Academic Program.

I agree that my child must follow all the rules and procedures at Heritage Christian School.

 Parent/Guardian Signature Date

- Registration Fee \$50, plus
 Enclosed is the total fee of \$250 for one course. (NON-REFUNDABLE)
 Enclosed is the total fee of \$500 for two courses. (NON-REFUNDABLE)
-OR-
 Enclosed is my first installment (\$250) for two classes with the remainder to be paid by June 14. (NON-REFUNDABLE)

Please choose an assigned time for testing:

- Fridays 8:00 – 9:45 am
 Fridays 10:00 – 11:45 am
 Fridays 1:00 - 2:45 pm

List course name and indicate Semester (S1 or S2): _____

OFFICE USE:	Payment Date _____	Check _____	Cash _____	Amt _____	Emer. Treat Auth.	_____
	Payment Date _____	Check _____	Cash _____	Amt _____	Arbitration	_____
	Payment Date _____	Check _____	Cash _____	Amt _____	Parent Contract	_____