

**RIVENDELL STUDY CENTER, INC.**  
**New Family Signature Page**

Academic Year \_\_\_\_\_

Please sign page two of this document and mail or deliver it to **Rivendell Study Center, 2368 Eggert Rd., Tonawanda, NY 14150** along with (i) your registration check (\$75 before March 15, \$125 after March 15) made **payable to Rivendell Study Center, Inc.**, and (ii) student educational background forms for each new child enrolled (pages 3 and 4 of this document).

**Our signatures on page two of this document, apply to the application certification, medical waiver, waiver from homeschooling requirements, and photo use agreement.**

**Application Certification**

We/I hereby certify that all the information submitted as part of our application to Rivendell Study Center, Inc., is accurate and true as of the date below. We/I have carefully considered participation of our child(ren) in the Rivendell Study Center, Inc. As parents, we/I certify that we/I support the philosophy of Rivendell Study Center, Inc., and we/I agree to require the applicant as well as ourselves to abide by all programs, and academic/disciplinary rules and regulations outlined by Rivendell Study Center, Inc. in the Family Handbook and other written materials. We/I understand that admission to Rivendell Study Center, Inc. is solely at the discretion of the board members who operate the Study Center and that such admission may be terminated at any time.

**Medical Waiver**

We/I understand the nature of these classes and their activities and with such knowledge I/we voluntarily release the host church and the Board members of Rivendell Study Center, Inc. and their representatives, agents, employees, including Parents of the Day and tutors, from any and all liability related to the activities of this program. We/I understand that, in the event that medical attention is required, Rivendell Study Center, Inc. will make all reasonable efforts to contact us/me. However, if we/I cannot be contacted, we/I give our/my permission to Rivendell Study Center, Inc. to secure the services of a licensed physician to provide the necessary treatment including anesthesia, surgery, medication, and intravenous (IV) for my child(ren).

**Waiver From Homeschooling Requirements**

We/I understand that Rivendell Study Center, Inc. is not responsible for the education of our/my child(ren) and only provides tutorial services. We/I understand that we/I (parent(s) or guardian) are/am ultimately responsible for any grades, reports, or paperwork that are required by New York State Education Law as it pertains to homeschooling.

**Photo Use Agreement**

We/I, hereby grant voluntarily and with full understanding, to Rivendell Study Center, Inc. ("Rivendell"), a license to the following:

1. Use and storage of my child's name and image, by means of digital or film photography, video photography, audio recording or other documentation, with respect to Rivendell and Rivendell sponsored events.
2. Use of any stored data including my child's first name and image in printed publications of Rivendell.
3. Use of any stored data including my child's first name and image in electronic publications of Rivendell.

4. Use of any stored data including my child's first name and image in any Website created by or for Rivendell for its sole benefit.
5. If I am signing this agreement on behalf of a minor child, I hereby warrant that I am the legal parent or guardian of the child and that I have the legal authority to sign this agreement on behalf of the child.
6. If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable alternative dispute resolution process. If I cannot agree with Rivendell upon such a process, the dispute will first be submitted to mediation with a mutually agreeable mediator. If mediation is declined or unsuccessful, we agree that the dispute will be submitted to a mutually agreeable arbitrator, in accord with the rules of the American Arbitration Association, unless the parties agree to different rules. If the parties cannot agree on an arbitrator, an arbitrator will be appointed by the Better Business Bureau of Western New York. All reasonable costs will be equally shared by the parties and/or determined by the arbitrator.

If there any points in the above agreements or the family handbook that are inconsistent with your convictions, please explain:

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**Signatures of both parents are required:**

Mother \_\_\_\_\_ Date \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_



# RIVENDELL STUDY CENTER, INC.

## STUDENT EDUCATIONAL BACKGROUND (Continued)

### Learning Disabilities

Rivendell is not equipped or staffed to accommodate students with learning disabilities or those who are having trouble with emotional or behavioral problems. For your child's best interest, please be candid when you answer the following questions. Please answer this section for each child who is applying for admission to Rivendell. A "Yes" answer does not mean that the student will be immediately disqualified for admission to Rivendell. Further elaboration on your answers may be requested during the Board interview. Please use a separate sheet of paper for additional children.

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| 1. Does your child have any learning disorders?  | Yes | No |
| 2. Has the student ever been examined or treated by a counselor/doctor/psychiatrist for hyperactivity or attention deficit disorder? | Yes | No |
| 3. Has the student ever seen a counselor/doctor/psychiatrist for any type of social, behavioral or mental problems?                  | Yes | No |
| 4. Has the student ever been referred for testing or placed in a special program?  | Yes | No |
| 5. Has the student ever been suspended by or expelled from a school?   | Yes | No |
| 6. Do you suspect or have you been told that your child may have dyslexia?   | Yes | No |
| 7. Has the student ever experienced difficulties in classroom or group settings?   | Yes | No |

If you answered "Yes" to any of these questions, please explain: \_\_\_\_\_

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