

LINDEN CHRISTIAN SCHOOL

SCHOOL of FINE ARTS

Phone: 204.799.0875 Email sofa@lindenchristian.org

WWW.LINDENCHRISTIAN.ORG

“Praise His name with dancing; play drums and harps in praise of him.” Psalm 149:3

Dear School of Fine Arts Group Lesson Students and Parents,

Welcome all new and returning students and families to the School of Fine Arts! We look forward to a dynamic, creative, and stimulating year of studies in the Arts programs. Please find:

- REGISTRATION AND TUITION INVOICE
- MEDICAL INFO/ PHOTO RELEASE FORM
- CODE OF CONDUCT AGREEMENT
- AFT PAYMENT FORM

Please complete all forms and return with payment.

Please make cheques payable to Linden Christian School.

Any Questions? Email sofa@lindenchristian.org

SOFA ART CLASS FALL 2019 REGISTER NOW!

ART CLASS / GRADES 1-4 / INSTRUCTOR LISA MENDIS / \$399.00**

WEDNESDAYS / 24 weeks / 3:45 pm - 5:00 pm ***

STARTS SEPTEMBER 18, 2019 *

ART CLASS / GRADES 5-8 / INSTRUCTOR LISA MENDIS / \$399.00**

WEDNESDAYS / 24 weeks / 5:30 pm - 6:45 pm

STARTS SEPTEMBER 18, 2019 *

SOFA students will learn a variety of different mediums throughout the class to enhance and refine their artistic skills. Each student is encouraged in developing their natural style, while embracing new techniques in each medium they explore. We will look at the influence of various artists and draw inspiration from them. Together we will engage in drawing activities that use pencil, pastel, watercolour and India ink, dive into colourful expression through acrylic paint, create characters and stories for original comic books, shape and mold crazy shapes with clay, and design compelling posters through printmaking and collage. Students are encouraged to think creatively as they work independently as well as collaboratively with one another.

LISA MENDIS is a published illustrator, printmaker, art educator and comic book creator. She graduated from the University of Manitoba with a Bachelor of Fine Arts Honours (2011), is an instructor at Martha Street Studio since 2012, works as a technician at the Winnipeg Art Gallery since 2014, and teaches art classes with the WAG studio programs.

*all classes subject to a minimum enrolment

** includes registration fees and supplies

***Art teacher meets students in grades 1-4 at library at 3:20 pm until ready to move to classroom for 3:45 start. At the library entrance students snack, teacher takes attendance, gives information on the project students are working on that day.

OTHER GROUP CLASSES OFFERED; contact sofa@lindenchristian.org to register:

INTRO TO MUSICAL THEATRE/ GRADES 2-4/ \$185.00/ 10 WEEKS/ THURSDAYS/ 3:45-4:45 PM/ MARGOT SIM

MUSICAL THEATRE/ GRADES 5-8/ \$380.00/ 24 WEEKS/ TUESDAYS/ 3:45-5:00 PM/ INSTRUCTOR NIKITA LABDON

**LINDEN CHRISTIAN SCHOOL
SCHOOL OF FINE ARTS**

877 WILKES AVENUE, WINNIPEG, MB, R3P 1B8
PHONE: 204.799.0875 EMAIL SOFA@LINDENCHRISTIAN.ORG
WWW.LINDENCHRISTIAN.ORG

**ART CLASS 1-4 AND ART CLASS 5-8
REGISTRATION FORM – 2019-2020**

Student Name: _____ Student birth date: _____

Age: _____ School grade September 2019: _____ Gender: ___M ___F

Parent Name: _____ Email address: _____

Address: _____ Postal Code: _____ City: _____ Province: _____

Phone (home): _____ Cell/Business: _____

Lesson:	Art Class Grades 1 - 4	select _____	Instructor: Lisa Mendis
Date and Time:	Wednesdays, 3:45- 5:00		Phone: 204 880 9989
Lesson:	Art Class Grades 5 - 8	select _____	Instructor: Lisa Mendis
Date and Time:	Wednesdays, 5:30- 6:45		Phone: 204 880 9989
Start date:	September 18, 2019		
Number of Lessons:	24		
Length of Lesson:	75 minutes		
Tuition Fees:	\$399.00 (includes supplies and registration fees)		

TUITION FEE PAYMENT: SELECT ONE OF THE FOLLOWING OPTIONS

- OPTION #1 – ONE PAYMENT IN FULL** (CHEQUE PAYABLE TO LINDEN CHRISTIAN SCHOOL)
Attach 1 post-dated cheque in the amount of **\$ 399.00** dated September 1, 2019.
- OPTION #2 – TWO EQUAL PAYMENTS** (CHEQUES PAYABLE TO LINDEN CHRISTIAN SCHOOL)
Attach two post-dated cheques in the amount of **\$ 199.50** dated September 1, 2019 and December 1, 2019
- OPTION #3 – SIX MONTHLY PAYMENTS (AUTOMATIC FUNDS TRANSFER)**
COMPLETE AND SIGN THE AUTOMATIC FUNDS TRANSFER FORM AND **\$ 66.50** WILL AUTOMATICALLY BE WITHDRAWN FROM THE DESIGNATED BANK ACCOUNT THE FIRST OF EACH MONTH FOR SIX MONTHS BEGINNING SEPTEMBER 1, 2019 AND ENDING FEBRUARY 1, 2020.
- OPTION #4 – e-Transfer** one payment in full to accounting@lindenchristian.org. State the child's name and that it is for SOFA. Send a second e-mail to this same address and advise the answer to the security question you choose.

POLICIES AND INFORMATION

- 1) *REGISTRATION AND TUITION MUST BE SUBMITTED IN ADVANCE. A \$20.00 LATE PAYMENT FEE WILL BE ADDED IF PAYMENT IS NOT RECEIVED BY THE THIRD LESSON.*
- 2) *NO REFUNDS WILL BE ISSUED FOR LESSONS MISSED BY THE STUDENT.*
- 3) *TO TERMINATE LESSONS FOUR WEEKS WRITTEN NOTICE WILL BE REQUIRED WITH TUITION PAYABLE FOR THE FOUR WEEK PERIOD WHETHER OR NOT LESSONS ARE TAKEN.*
- 4) *ALL REFUNDS SUBJECT TO \$15.00 ADMINISTRATION FEE.*
- 5) *ALL RETURNED CHEQUES OR AFT'S WILL BE CHARGED \$25.00 FOR THE FIRST RETURN. SUBSEQUENT RETURNED PAYMENTS MAY BE CHARGED ADDITIONAL SERVICE FEES.*
- 6) *SEND COMPLETED FORMS AND CHEQUES TO **LINDEN CHRISTIAN SCHOOL, 877 WILKES AVENUE, WINNIPEG, MB, R3P 1B8, ATTN: SCHOOL OF FINE ARTS***

Parent Signature: _____

REGISTRATION CHECKLIST – BE SURE TO INCLUDE:

- ___ TUITION CHEQUES (**PAYABLE TO LINDEN CHRISTIAN SCHOOL**) OR
- ___ AUTOMATIC FUNDS TRANSFER FORM WITH VOID CHEQUE
- ___ THIS COMPLETED FORM
- ___ MEDICAL RELEASE FORM
- ___ CODE OF CONDUCT AGREEMENT

School of Fine Arts

Code of Conduct

At the School of Fine Arts, we seek through word and action to create an environment of trust and mutual support in which each member of our community can grow. There is an emphasis on the need to be sensitive to those we come in contact with so that each student can realize his or her individual, God-given potential.

We all must learn to work individually and with others. Mutual respect, cooperation and sharing are important values in any social experience. The ability to work with and for others is an important part of the learning process.

We look forward to this class being a positive experience for the students, parents and instructors. We have instituted a policy regarding behaviour. The expectation of each student is that they show respect to others, be on time, and participate in class activities. If a student fails to follow these guidelines the instructors will notify the parent(s) after class. We do not anticipate any problems but appreciate your cooperation on this issue.

Please fill out the following form and return it with the other registration documents to the Linden Christian School Office, attention SOFA. Thank you!

School of Fine Arts

Code of Conduct Agreement

Student's name: _____ Class: _____

I, _____ (student's name) am aware of the School of Fine Arts Code of Conduct and agree to abide by it and to support it to the best of my ability.

Student Signature: _____

Date: _____

I, _____ (parent/guardian name) have read and understand and agree with the School of Fine Arts Code of Conduct and have discussed it with my child.

Parent/Guardian Signature: _____

Date: _____

LINDEN CHRISTIAN SCHOOL - SCHOOL OF FINE ARTS – MEDICAL/PHOTO RELEASE

STUDENT INFORMATION:

Student's Name: _____

Parent/Guardian name: _____

Parent/Guardian Mailing Address: _____

City/Province: _____ Postal Code: _____

Home Telephone #: _____

Home Email: _____

The following are permission requirements of registration:

EMERGENCY MEDICAL PERMISSION: In the case of a medical emergency, I/we authorize a staff member of Linden Christian School - School of Fine Arts to take our child to the nearest hospital or clinic to receive attention by the doctor on call.

I/we consent with this emergency medical procedure: (✓ if Yes) _____ (initial) **OR** (✓ if No) _____ (initial)

If answering "No", please provide alternate instructions: _____ (initial)

If a child is taken to hospital by ambulance, there will be a charge that is directed to the parent of the child. The ambulance bill will be the responsibility of the parent. Although this is an unlikely event, the cost is significant enough that we recommend that students have insurance coverage (such as Student Accident Insurance) that covers them for the school year.

MEDICAL/ EMERGENCY

In case of emergency, please indicate who should be contacted when a parent/guardian cannot be reached:

Name: _____ Daytime Phone: _____ Cell #: _____

Manitoba Medical ID # (9 digits): _____

Other relevant insurance information: _____

Student's doctor: _____ Doctor's Phone : _____

ALLERGIES

Does the student have any severe or life threatening allergies? Yes _____ No _____

If yes, please explain: _____

USE OF PICTURES OF YOUR CHILD:

Photographs of your children are taken by staff /volunteers while they are engaged in school activities for the purpose of publication in internal SOFA displays, **SOFA newsletters, and various external SOFA promotions such as posters or brochures.**

(✓ Yes I consent) _____ (initial) **OR** (✓ No, I do not consent) _____ (initial)

Parent Signature _____ Date: _____ / _____ / _____

SCHOOL OF FINE ARTS

AUTOMATIC FUNDS TRANSFER FORM ART or MUSICAL THEATRE CLASS 2019-2020

NOTE:

1. Payments will be automatically transferred on the **first** of each month.
2. Fifteen days' notice is required for any changes to account information.
3. Charges for NSF will apply (\$25.00 per transaction)

PLEASE PRINT

Last Name _____ First Name _____

Name of Financial Institution _____ Bank Account # _____

Transit/Branch # (5 digits) _____ Bank/Institution # (3 digits) _____

Reference No. _____ (to be assigned by school office)

TUITION PAYMENT DETAILS: Six Equal Payments (Each representing 16.67% of total tuition) paid as follows:

Payments # 1 – 6:

Paid by automatic withdrawal from bank account commencing September 1st to February 1st of 2019 – 2020 school year.

I hereby authorize Linden Christian School Inc. to withdraw the required amount(s) from my/our account as payment for Tuition Fees as per the Art Class Registration Form for the school year 2019-2020.

Signature _____ Date: _____

Signature _____ Date: _____

Please attach a void cheque here

Office use: Date Entered: _____

Change Date: _____