

WED 1488 Campus
5148 FM 1488
Crossview Church

www.RevelationScience.org
K.Garza@RevelationScience.org

Revelation Science Class at TTC 2020 – 2021 Calendar Biology & Chemistry

CALENDAR: THE CALENDAR IS STILL BEING FINALIZED, SO DATES MAY CHANGE!!!

Student & Parent Meeting, REQUIRED Wed, August 26th Bring text, solutions manual, and notebook
We meet during your scheduled class time. Location is at our Wed campus.
This orientation is vital to the success of your students.
FYI – Pre-Class School Work assignment is given

NOTE: All other TTC classes meet August 19th for Back to School Orientations. Ours is longer, thus another day.

First Lab Class	September 2 nd	
Thanksgiving Celebration	November 25 th - Off;	Thanksgiving Day – Nov. 26 th
Last Lab of Fall attended	December 9 th	
Christmas Celebration	through December 30, 2020	
Spring Pre-Class School Work	December 31 st	Work to be done prior to classes resuming
Class Resumes:	January 6 th	
Spring Break	Week of March 8 th - Off	
	Week of March 15 th - Off	
Class Resumes:	March 24 th	
Celebrate Easter	Sunday, April 4 th	
Last Day of Class	May 5 th	(Please keep next week open in case a make-up lab is needed.)
Class Party!! (Dutch treat)	Week of May 10th	(Meet at Main Event or location picked by class.) The party will be on Tues, Wed, or Thurs. depending on Main Event.

THE TRAINING CENTER - Additional Requirements for Registration

The instructions below come from the 2019-2020 TTC website. Please check website for 2020-2021 update.

1. "Please print a **Family Agreement** form and return with your FAMILY -membership fee. TTC's mailing address for both campuses is: The Training Center, 3214 Felton Springs Dr., Spring, TX 77386.
 2. Fill out a **Class Registration Form** [**Only fill out this form for my classes**] and mail with your post-dated July 1st and August 1st payments, along with any supply fee, to the class teacher (see the **teacher page** on the website for address and contact info). Please note: Mrs. Garza and Club Explore have their own specific registration forms.
 3. Training Center T-shirts are a mandatory part of our dress code. If you do not already have a Training Center T-shirt, or if you want to order another one, print the T-shirt form and turn in with check to TTC. Shirts will be ordered over the summer and handed out at Back to School Orientation. **Note: TTC T-shirts are required to wear to class.** (Hoodies are available)
- "General Dress Code:** All students are expected to follow the dress code while on TTC premises. If a student is out of dress code, they will not be allowed to attend class. The student will be required to call a parent & wait in the front lobby until they receive a change of clothes. When they are dressed according to the dress code policy, they may attend their next class. They cannot, however, interrupt the class they were dismissed from. This dress code will be **strictly enforced**, so please double-check your child's attire before leaving the house. Teachers have the right to remove student from the class for any dress code violation.

A Training Center shirt must be worn by all students while on campus. Both the short sleeved t-shirt and long sleeved t-shirt is acceptable. The Training Center logo must be visible." See website for more.

NOTE:

1. **No non-TTC hoody jackets;** ★ 2. **For safety in my class – A. No shorts; B. ONLY Closed-toed shoes.**

Students, the purpose of TTC dress code policy is for your fellow students to see you first and not parts of your body. It is also about following RULES.

Thank you for assisting in glorifying God in word, deed, and dress, as well as helping create an environment better suited for you and fellow students to build friendships and focus on learning more about God through science. Mrs. Garza ☺

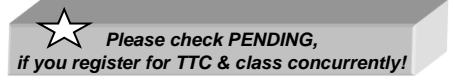
Biology & Chemistry

2020 – 2021 Revelation Science Class Registration Form

TUITION: \$55/month – DUE 1ST; \$10 late fee if RECEIVE after 10th (See website for payment methods);

LAB FEE: \$35 ALL classes PER each semester DUE with July 1st & Jan. 1st tuition

NOTE: Tuition payments are July through April.



1. To register: *Please make a copy for your records*

- A. Please register your family with TTC. Pending Office Use: TTC# _____
- B. Completely fill out **2-page form** & mail with **FALL lab fee & 2 mos. Tuition** (*separate month checks*).
Payment deposited on July 1. Please refer to ****** for amount to send.

CLASS: _____ **CLASS DAY / TIME:** WED / _____

STUDENT'S NAME (1 STUDENT / FORM): _____ **GENDER:** **GRADE:** **AGE:**

As of first class *As of first class*

PARENTS' NAME(S) (BOTH PLEASE): _____

ADDRESS: _____ **PHONE NUMBERS:**

MOM'S CELL _____

HOME _____

EMAIL: (*Please print clearly.* Communication is vital. Please list the email you check often.)

PARENT'S email _____ DAD'S CELL _____

STUDENT'S email _____ *Texting used for critical items, so please include*

STUDENT'S CELL _____

Please initial the following: (This is a contract, so please understand what you are agreeing to do.)

2. _____ I understand the yearly tuition is divided into 10 payments (July thru April); therefore, the full tuition is due regardless of how many classes are scheduled in a given month. **Payments & fees are late if not received by 10th.** \$10 late fee applies to *each fee each* month. After 30 days, a student cannot attend without payment. ****For Registration:** Please include postdated checks for July 1st tuition plus Fall lab fee & Aug. 1st tuition.
3. _____ I understand this is a full year commitment. I have every intention of having my student complete this class unless unforeseen complications arise such as illness, moving, loss of income, etc. I understand I should contact you **immediately** if the need arises to drop the class. **Should the class be dropped, a penalty of an additional month's tuition is due.** The class cannot be dropped after March 1st.
4. Participation in this class constitutes my agreement to hold Revelation Science, Karen Garza, and/or any of their affiliates, sponsors, and/or representatives harmless and free of any and all liability for damage, injury, and/or loss of/to property or person. I also agree that I have read and understood all rules and will follow them accordingly. My student(s) will also be held accountable to follow rules that apply to them.
5. Participation in this class constitutes my agreement to allow photo/video representations of my student to be used by Revelation Science for promotional purposes and without any compensation.

Parent's Signature: _____ Date: _____

(The registration cannot be processed without a signature & date. Make sure you listed the class & time.)

The class is limited in size, so please do not forget to include the 2 months of tuition fees & FALL lab fee.

****Mail fees plus 2-page form** (amounts in box below). *Registration is complete when all items are received.*

REGISTRATION FEES - Bio & Chem – 2 checks: 1). July 1st & FALL lab fee: **\$90**; 2). Aug 1st: **\$55**

Make checks payable and mail registration to:

NOTE: All payments are to be mailed.
 I do not want students responsible for delivering the tuition. Parents can hand-deliver if desired.

Karen Garza or Revelation Science
 7327 Root Road, Spring, TX 77389
K.Garza@RevelationScience.org
www.RevelationScience.org

TTC Campus: 1488

Class Day: WED

CLASS: _____

2020-2021

Urgent and Emergency Contact Information – ONE PER STUDENT

Please provide the following information so that in the event, such as weather that causes class to be cancelled the day of class or if an emergency arises once your student is in class, you may be contacted. Contact will be done in the order of names listed.

In order to assist the recognition of my phone number, I suggest you put my phone number in your phone and include "science teacher" with my name when you input my information. I also recommend asking the two other people on the list to do the same. Thank you.

(Karen Garza 832-483-9643)

PLEASE PRINT CLEARLY

*** If your student has a life threatening allergy and/or carries an Epi Pen, then this form must be accompanied with a written protocol, including where the Epi Pen is carried & how to use it.

STUDENT NAME: _____ **AGE:** _____

As of first class

List known allergies. If none are known, then PLEASE put NKA. (No Known Allergies)

ALLERGIES: *** _____

(PLEASE DO NOT leave "Allergies" blank. Either list them or put NKA.)

CONTACTS:

1. Name: _____

Relationship to student: _____

Phone Number: (Is this a cell phone? Yes / No) _____

Alternate Number: (Cell phone? Yes / No) _____

2. Name: _____

Relationship to student: _____

Phone Number: (Is this a cell phone? Yes / No) _____

Alternate Number: (Cell phone? Yes / No) _____

3. Name: _____

Relationship to student: _____

Phone Number: (Is this a cell phone? Yes / No) _____

Alternate Number: (Cell phone? Yes / No) _____