



## TVBA Homeschoolers Packet 2022-2023

### Cover Letter

#### **Contents:**

- TVBA Consent & Release Form**
- Athletic Program Parent Consent Form (including Student Agreement Form)**
- Twin Valley Bible Academy Athletics Information**
- Physician's Report of Physical Examination (for sports)**
- Emergency Medical Information**
- Outside Service Application & Enrollment**
- Outside Services Fee Schedule**

Dear Parent,

We are excited that you are considering enrolling your child(ren) to be a part of Twin Valley Bible Academy's programs. Mentioned above is a list of paperwork which needs to be reviewed and/or filled and turned in by May 31, 2022. Late entries in programs may not be accepted. Sports physicals are valid only for 1 year so please make arrangements to have a physical completed before the sports season begins. You need not use the enclosed physical form, and school/doctor physicals are acceptable as well.

Any payments should be made and sent to Twin Valley Bible Academy. Twin Valley Bible Academy reserves the right to accept or deny students admission based upon availability and/or offering limitations of programs. We do not discriminate on basis of race, color or national and ethnic origin. Program offerings are a privilege; therefore, we also reserve the right to dismiss any student based upon behavior or insubordination to school policies and rules of which they will sign to affirm their commitment.

- **Enrollment:** TVBA enrollment is a required prerequisite in order to participate in any program your child(ren) applies for. This is for insurance inclusions, affiliation fees etc.
  - **ENROLLMENT FEES**
    - **Enrollment Fee:** \$100.00 per student (not to exceed \$250.00 per family)
    - Please fill out the Consent & Release Form and indicate by signing that you and your student are willing to commit to the standards while under school functions.
- **Sports Information:**
  - ALL STUDENTS MUST BE ABLE TO COMMIT TO EVERY PRACTICE AND GAME. This is virtually non-negotiable except for "emergency" type situations. The coaches commit to and volunteer 100% of their time and it is expected the athletes do the same. If this is not possible, please reconsider your child's participation.
  - Homeschool student athletes are prohibited from participating on another interscholastic team of the same sport, during the same season. (Example: You may not play soccer for TVBA in Aug-Oct 2020 and also play for Bob's Christian School in Aug-Oct 2020).

- **Availability:** There will be only 5 spots available on the team for outside students, per sports team. If more than five are interested in playing a special tryout will be held to select those athletes to fill those spots. To clarify, “making the team” in this tryout does not necessarily guarantee a starting position. This must be earned for *all* athletes. Playing time will be earned as well and may not be “balanced”.
- **Maximums:** There are also maximum numbers of athletes allowed on a team due to uniform numbers etc. In this case, as you may understand, full-time academy students get first priority. Again, if spots are available for the homeschoolers, there will be a special tryout to win those spots. In case you care of the breakdown it is as follows:
  - Junior High & Varsity Soccer Maximum – 19 players
    - ✧ Example- If the academy provides 19 players, no homeschoolers will be allowed to play etc.
  - Junior High & Varsity Volleyball Maximum – 14 players
    - ✧ Example- If the academy provides 13 players, only 1 homeschooler will be allowed to play etc.
  - Junior High & Varsity Basketball Maximum – 12 players
    - ✧ Example- if the academy only provides 6 players, then five homeschoolers can play etc.

In any case possible, teams will be split into Junior High & Varsity teams, still using the minimum rule.

Thank you for your attention to these matters. We try to make it as easy and convenient as possible for your athlete(s) to be able to participate in our sports program. If you have any questions or concerns, please contact the Athletic Director or Rachel Forrester at the school office (610)286-6646.

Sincerely,



Nate Mellinger  
Principal

**TWIN VALLEY BIBLE ACADEMY**  
**CONSENT AND RELEASE FORM**

I, the undersigned parent or guardian give permission for my child, \_\_\_\_\_, to participate in **Twin Valley Bible Academy** programs for the \_\_\_\_\_ - \_\_\_\_\_ school year, including any and all activities listed on the Outside Services Schedule. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number listed below. If I cannot be reached, I hereby authorize \_\_\_\_\_, or another adult sponsor to make emergency medical decisions for my child.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold **Twin Valley Bible Chapel** and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE OF MY OWN FREE ACT. This is a legal binding agreement which I have read and understand.

MEDICAL CONDITIONS TO BE AWARE OF:

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TELEPHONE NUMBER WHERE I MAY BE REACHED IN AN EMERGENCY:

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\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

ATHLETIC PROGRAM PARENT CONSENT FORM

I give my permission for \_\_\_\_\_ to participate in \_\_\_\_\_  
for the \_\_\_\_\_ - \_\_\_\_\_ school year. I am fully aware of the standards of **Twin Valley Bible Academy**, and, as God enables me, I will help my child to maintain those standards. I am aware that many of the school's games will be played outside the school area and therefore van/bus travel will be necessary, under the correct supervision of school personnel.

**Full insurance coverage for your child is mandatory. If your child is not covered by your own policy he or she cannot participate in Twin Valley Bible Academy's sports program. *By signing this consent form you are also stating that you have sufficient insurance coverage under your family policy to provide for any or all athletic injuries.***

Parent's Signatures: \_\_\_\_\_ (Date)  
\_\_\_\_\_ (Date)

ATHLETIC PROGRAM STUDENT AGREEMENT FORM

I am aware of the responsibilities and regulations of **Twin Valley Bible Academy's ATHLETIC PROGRAM**, and I will with God's guidance uphold my testimony as a Christian first, then as a player.

I will cooperate fully with those in charge, supporting the school all times, promoting school spirit and good sportsmanship in and out of school.

I understand that this is a commitment form and that I will be in attendance of all necessary practices and functions in preparation for games and in attendance for all games.

Student Signature: \_\_\_\_\_ (Date)

## **TWIN VALLEY BIBLE ACADEMY ATHLETICS**

To take part in the Athletic Program at Twin Valley Bible Academy is an honor, not an obligation. With privilege comes responsibility. Those who participate in such a program should have earned the right to do so on the basis of their Christian testimony, athletic ability, academic achievement, and attitudes. Athletics are considered a major part of building the “Pioneer Spirit” of the Academy, and every effort will be made to provide opportunity for a balanced program.

It is required that all those sharing in the athletic program recognize the sponsors or coaches as God’s appointed leaders, and respect them as such in word, actions, and attitudes. Insubordination cannot be tolerated if there is to be harmony and success in athletics. One of the most vital influences the Academy can have is on the field of athletic competition. Thus, it must be our goal to do all “To the glory of God” whether by winning or losing.

As with all extra-curricular activities, members of the Athletic Squads of Twin Valley Bible Academy must remember that to be a leader demands sacrifice and much devoted effort. Parents, as well as participants, must be willing to expend extra time and effort, if the squads are to be successful.

Rigid standards are required for all athletic participants. All matters of policy concerning conduct, demeanor, and dress, are carefully and prayerfully considered prior to becoming final. Upon their becoming matters of policy, it is expected that they will be complied with in a manner becoming a school leader and a Christian.

Practice sessions for the various teams will be set by the coach or sponsor. All absences from practice must be cleared with the coach, except in extreme cases such as illness, etc.

The following standards for those within to participate in the athletic program of Twin Valley Bible Academy:

1. The student must maintain a combined scholastic average of 73% or above. Should the combined average drop below the 73% average, a student will have 3 weeks to bring the average up the accepted average. Thereafter, should the average fall to below the 73, the student will be dismissed from the team or squad for the balance of the season.
2. The student will be required to submit a written testimony of his/her faith in Christ, as well as a statement of the reason for desiring to be a member of the team or squad.
3. The student must have had no disciplinary action for willful violation of any school standards, either regulations or attitude. All offenses by a team member will be viewed as extremely serious and a second offense of any nature will result in dismissal from the team or squad.
4. Each student desiring to participate in the athletic program must submit a form provided by the Academy stating his/her parents’ knowledge and consent, and willingness to abide by the policies and standards set forth.
5. Conduct, demeanor, dress, and the like for any member of the team or squad for the athletic department of the Academy must be superior at all times and in all places. This definitely includes conduct, demeanor, dress when away from school, as well as in any given school situation.
6. Each student taking part in the athletic program should have a physical examination within the last 6 months. If not, please schedule a doctor appointment for an examination and submit a written statement from your doctor indicating his approval.

Physician's Report of  
 Physical Examination of a Pupil of School Age  
 ~~~~~ Annually for Sports ~~~~~  
 ~~~~~ Needed at Entry, 6<sup>th</sup>, 11<sup>th</sup> for full time students ~~~~~

Name of School :  Twin Valley Bible Academy  Date: \_\_\_\_\_

Name of Pupil : \_\_\_\_\_ Age : \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

School Year: \_\_\_\_\_

Medical History : (Give Significant details, including serious illness, any allergies, operations, accidents, etc.)

Report of Examination: (Elaborate below on positive findings)

|                   | <u>Normal</u> | <u>Abnormal</u> |                                  | <u>Normal</u> | <u>Abnormal</u> |
|-------------------|---------------|-----------------|----------------------------------|---------------|-----------------|
| General Nutrition | _____         | _____           | Lungs                            | _____         | _____           |
| Skin              | _____         | _____           | Abdomen                          | _____         | _____           |
| Eyes              | _____         | _____           | Genitalia (Male)                 | _____         | _____           |
| Ears              | _____         | _____           | Neuro Muscular Sys.              | _____         | _____           |
| Nose & Throat     | _____         | _____           | Skeleton                         | _____         | _____           |
| Teeth & Gingiva   | _____         | _____           | Posture                          | _____         | _____           |
| Glands            | _____         | _____           | Emotional status                 | _____         | _____           |
| Heart             | _____         | _____           | Hearing                          | _____         | _____           |
| Vision: R 20/     |               |                 | L 20/                            |               |                 |
|                   |               |                 | + Lens                           |               |                 |
| Height: _____     |               |                 | Wears corrective lens: yes or no |               |                 |
|                   |               |                 | Weight: _____                    |               |                 |

Is the pupil under treatment: yes or no

Should this pupil have restrictions on play or physical education activities?

Yes or no If yes, recommendations:

What other recommendations do you wish to make to teacher or school nurse which might be of benefit to this pupil from the point of view of either physical or mental hygiene?

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Signature of Examining Physician

Address

Telephone

**EMERGENCY MEDICAL INFORMATION**

**For the \_\_\_\_\_ - \_\_\_\_\_ School Year**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list your home address, home phone number (with area code), work phone number(s), cell phone numbers, and whom to call if you cannot be reached in case of an emergency:

Address: \_\_\_\_\_

Home phone number: (\_\_\_\_)\_\_\_\_\_

Cell phone number: (\_\_\_\_)\_\_\_\_\_ (optional-Father)

Cell phone number: (\_\_\_\_)\_\_\_\_\_ (optional-Mother)

Work phone number: (\_\_\_\_)\_\_\_\_\_ (Father )

(\_\_\_\_)\_\_\_\_\_ (Mother)

In case of emergency: \_\_\_\_\_  
(Name) (Relationship) (Phone)

Name and phone number of your doctor: \_\_\_\_\_  
(\_\_\_\_)\_\_\_\_\_

To which hospital would you prefer your child to be taken if it should ever be necessary? (In life-threatening situations, child will be taken to the nearest hospital.)

\_\_\_\_\_  
(Hospital) \_\_\_\_\_  
(Address)

My child may have: (Please check if we **may** give these medications)

Tylenol       Pepto Bismol       Other \_\_\_\_\_

Advil       Cough Drops       Other \_\_\_\_\_

**(Remember you child will need their own supply of tissues and cough drops if he or she has persistent cold or cough.)**

**\*PLEASE NOTE\* If there are any over-the-counter medications (ex. Claritin, during allergy season) or prescription medication (ex. Inhaler), your child needs to take during school hours, please send in a signed note with instructions on when/how often/how much your child should be administered.**

My child has an allergy to the following medication(s): \_\_\_\_\_

\_\_\_\_\_  
(over)

My child has the following allergies: \_\_\_\_\_  
\_\_\_\_\_, and takes  
the following medication per allergy symptom (dosage, how often/or as needed) \_\_\_\_\_  
\_\_\_\_\_

Any other medical conditions and/or information we should be aware of in case of an emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **EMERGENCY MEDICAL TREATMENT PERMISSION FORM**

In the event of a medical emergency, T.V.B.A. personnel will try to get in touch with the child's parents. If the parents cannot be reached (or until they can be reached), the following steps may be taken:

1. School personnel will administer "first aid" or "urgent care."
2. The child may be treated by one or more of the following professionals:
  - a. Nurse
  - b. Doctor
  - c. Emergency Medical Technician/Ambulance crew
  - d. Hospital personnel (emergency room, etc.)
3. The child may be admitted to the hospital if deemed necessary by the attending physician.

I understand and agree to the steps outlined above, and I give permission for Twin Valley Bible Academy to seek medical help for my child \_\_\_\_\_ if I cannot be reached.  
(child's name)

I hereby give permission for medical personnel to treat my child at school, enroute to a doctor or hospital, and in the hospital if necessary.

\_\_\_\_\_  
(Father/guardian's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mother/guardian's signature)

\_\_\_\_\_  
(Date)





## Program Application

Please fill out one application per student. Make copies as necessary.

Student Name: \_\_\_\_\_

School Year: \_\_\_\_\_ - \_\_\_\_\_

Step 1: Please indicate below which payment schedule you would like to be billed for.

Monthly Billing (Aug-July: 12 months)       Annual Lump Sum

Step 2: Please indicate which programs you are enrolling the above-named student by checking the boxes next to the appropriate Program Code(s)

| Indication   | Program Code          | Program Offerings   | Program Offerings  | Program Code            | Indication                    |
|--------------|-----------------------|---|--|-------------------------|-------------------------------|
| X<br>EXAMPLE | XX-1<br>EXAMPLE       | Foosball<br>EXAMPLE   | Winter Sports Basketball (Boys)<br>(Ages 9 <sup>th</sup> grade-12 <sup>th</sup> grade)                 | BBB-2<br>\$75/athlete   |                               |
|              | GVB-1<br>\$50/athlete | Fall Sports Volleyball (Girls)<br>(Ages 6 <sup>th</sup> grade-8 <sup>th</sup> grade)    | Christian Historical Phil. of Art<br>(9 <sup>th</sup> grade-12 <sup>th</sup> grade)                    | CHPA-102<br>\$600/stud. |                               |
|              | GVB-2<br>\$50/athlete | Fall Sports Volleyball (Girls)<br>(Ages 9 <sup>th</sup> grade-12 <sup>th</sup> grade)   | Rudiments American History Course<br>(9-10 <sup>th</sup> grade; approx. offerings 23-24)               | RHC-102<br>\$600/stud.  | Not available<br>in 2022-2023 |
|              | BS-1<br>\$50/athlete  | Fall Sports Soccer (Boys)<br>(Ages 6 <sup>th</sup> grade-12 <sup>th</sup> grade)        | Biblical Worldview Bible Course<br>(10 <sup>th</sup> -12 <sup>th</sup> grade; approx. offerings 25-26) | BWV-104<br>\$600/stud.  | Not available<br>in 2022-2023 |
|              | GBB-1<br>\$75/athlete | Winter Sports Basketball (Girls)<br>(ages 6 <sup>th</sup> grade-8 <sup>th</sup> grade)  | Field Studies  | FS-1<br>Cost per trip   |                               |
|              | GBB-2<br>\$75/athlete | Winter Sports Basketball (Girls)<br>(Ages 9 <sup>th</sup> grade-12 <sup>th</sup> grade) | Iowa Achievement Testing<br>(Grades 1-5 given on indicated date)                                       | ITEL-1<br>\$25/stud.    |                               |
|              | BBB-1<br>\$75/athlete | Winter Sports Basketball (Boys)<br>(Ages 6 <sup>th</sup> grade-8 <sup>th</sup> grade)   | Iowa Achievement Testing<br>(Grades 6-11 given on ind. date)   | ITHS-2<br>\$25/student  |                               |

**Twin Valley Bible Academy**  
*Outside Services List & Fee Schedule 2022-2023*

Twin Valley Bible Academy will not immediately offer any program that is not on the following offerings list. Any suggestions for program offerings will go through a screening process. All class offering time frames and prices are subject to change by year and are effective for 2022-2023. Programs offered on the list below are available to enrolled students only. **Therefore, it is imperative that your student(s) be enrolled before** any application submission for any program. Annual enrollment fees must accompany an application and all pertinent paperwork by May 31, 2022. Billing begins in August and ends in July. Transferred balances from year to year must be reconciled before reenrollment. See cover letter for enrollment pricing & information.

**2022-2023 HOMESCHOOL ENROLLMENT FEES:**  
**Enrollment-\$100 (not to exceed \$250/family)**

**PROGRAM LAYOUT & FEES**

| Program Code | Program Offerings   | Dates of Offering                                  | Important Notes & Definitions  | Annual Fee (Lump)       | Monthly Fee (12 mo.)   |
|--------------|---|--|--|-------------------------|------------------------|
| GVB-1        | <b>Fall Sports Volleyball (Girls)</b><br>(Ages 6 <sup>th</sup> grade-8 <sup>th</sup> grade based on annual availability)<br><b>0 credits</b>    | Late Aug- late Oct<br>M, T, TH, & F<br>2:30-4:30   | Please plan to commit to 100% of practices and games. Delinquency may result in expulsion from said program. Annual sports physicals must be done previous to each season. For more details see the Athletic Director. | \$50.00<br>Per Athlete  | X                      |
| GVB-2        | <b>Fall Sports Volleyball (Girls)</b><br>(Ages 9 <sup>th</sup> grade-12 <sup>th</sup> grade based on annual availability)<br><b>0 credits</b>   | Late Aug- late Oct<br>M, T, TH, & F<br>2:30-4:30   | Please plan to commit to 100% of practices and games. Delinquency may result in expulsion from said program. Annual sports physicals must be done previous to each season. For more details see the Athletic Director. | \$50.00<br>Per Athlete  | X                      |
| BS-1         | <b>Fall Sports Soccer (Boys)</b><br>(Ages 6 <sup>th</sup> grade-12 <sup>th</sup> grade based on annual availability)<br><b>0 credits</b>        | Late Aug- late Oct<br>M, T, TH, & F<br>2:30-4:30   | Please plan to commit to 100% of practices and games. Delinquency may result in expulsion from said program. Annual sports physicals must be done previous to each season. For more details see the Athletic Director. | \$50.00<br>Per Athlete  | X                      |
| GBB-1        | <b>Winter Sports Basketball (Girls)</b><br>(ages 6 <sup>th</sup> grade-8 <sup>th</sup> grade based on annual availability)<br><b>0 credits</b>  | Mid Nov-End February<br>M, T, TH, & F<br>2:30-4:00 | Please plan to commit to 100% of practices and games. Delinquency may result in expulsion from said program. Annual sports physicals must be done previous to each season. For more details see the Athletic Director. | \$75.00<br>Per Athlete  | X                      |
| GBB-2        | <b>Winter Sports Basketball (Girls)</b><br>(Ages 9 <sup>th</sup> grade-12 <sup>th</sup> grade based on annual availability)<br><b>0 credits</b> | Mid Nov-End Feb<br>M, T, TH, & F<br>3:30-5:00      | Please plan to commit to 100% of practices and games. Delinquency may result in expulsion from said program. Annual sports physicals must be done previous to each season. For more details see the Athletic Director. | \$75.00<br>Per Athlete  | X                      |
| BBB-1        | <b>Winter Sports Basketball (Boys)</b><br>(Ages 6 <sup>th</sup> grade-8 <sup>th</sup> grade based on annual availability)<br><b>0 credits</b>   | Mid Nov-End Feb<br>M, T, TH, & F<br>5:00-7:00      | Please plan to commit to 100% of practices and games. Delinquency may result in expulsion from said program. Annual sports physicals must be done previous to each season. For more details see the Athletic Director. | \$75.00<br>Per Athlete  | X                      |
| BBB-2        | <b>Winter Sports Basketball (Boys)</b><br>(Ages 9 <sup>th</sup> grade-12 <sup>th</sup> grade based on annual availability)<br><b>0 credits</b>  | Mid Nov-End Feb<br>M, T, TH, & F<br>5:00-7:00      | Please plan to commit to 100% of practices and games. Delinquency may result in expulsion from said program. Annual sports physicals must be done previous to each season. For more details see the Athletic Director. | \$75.00<br>Per Athlete  | X                      |
| CHPA-102     | <b>Christian Historical Philosophy of Art (9-12<sup>th</sup> grade)</b><br><b>1 H.S. credit</b>   | Year-by-Year basis                                 | Next Scheduled Offering: 2022-23<br>Contact for class details and availability.<br>Schedules are subject to change.  | \$600.00<br>Per student | \$50.00<br>Per Student |
| RHC-102      | <b>Rudiments of American History Course</b><br><b>1 H.S. credit</b>   | As High School credit needed for American          | Next Approx. Scheduled offering 2023-2024<br>Typically 3, 45-50 minute periods/week for the duration of the year.  | \$600.00<br>Per Student | \$50.00<br>Per Student |

|                |   |  |  |                         |                        |
|----------------|---|--|--|-------------------------|------------------------|
|                |   | History or Social Studies. Schedule TBA  |  |                         |                        |
| <b>BWV-104</b> | <b>Biblical Worldview Bible Course</b><br><b>1 Credit</b> | Year-by-Year basis   | Contact for class details and availability. Schedules are subject to change.   | \$600.00<br>Per student | \$50.00<br>Per Student |
| <b>FS-1</b>    | <b>Field Studies</b><br><b>0 credits</b>                  | Various  | Offering subject to availability (seating etc.) Paying chaperone(s) allowed as seating is available. <b>Does not</b> include the Senior Trip | Trip by trip basis      | X                      |
| <b>ITEL-1</b>  | <b>Iowa Achievement Testing</b><br><b>0 credits</b>       | Iowa Testing for first grade through fifth grade<br>CogAT (IQ) 2 <sup>nd</sup> & 5 <sup>th</sup> gr. | Offering on specified and communicated dates usually beginning to mid-April. Full-service offering.  | \$25.00<br>Per Student  | X                      |
| <b>ITHS-2</b>  | <b>Iowa Achievement Testing</b><br><b>0 credits</b>       | Iowa Testing for sixth through eleventh grade. CogAT (IQ) 8 <sup>th</sup> grade year                 | Offering on specified and communicated dates usually beginning to mid-April. Full-service offering.  | \$25.00<br>Per Student  | X                      |

### DICONTINUATION OF SERVICES

Twin Valley Bible Academy reserves the right to discontinue services to individual students or families based upon some or all of the following criteria. Refunds will be issued based upon program-to-program status and circumstance. **Enrollment Fees are non-refundable.**

- Unexcused absence or frequent tardiness in the athletic program(s)
- Delinquency in payment obligations. There will be a strict 1-month grace period.
- Unresolved or extreme behavioral issues
- Unwillingness of parents and/or students to fully comply with program guidelines and organizational details

### DROPPED PROGRAMS

Having pre-registered for various programs we understand the need to possibly drop a program. Refunds will only be honored on programs that have not yet begun. Enrollment Fees are not eligible for refunding. Programs must be dropped **no later than 1 week** previous to the start date of each particular program. They may be dropped by calling the school office directly (610) 286-6646 or emailing [kmellinger@twinvalleybibleacademy.org](mailto:kmellinger@twinvalleybibleacademy.org). Programs that are paid for on the annual fee will be refunded the appropriate amount based on the number of completed months after the 15<sup>th</sup> of each month. All programs may be subject to change or cancellation. **Refunds will not be given for absence from individual classes excused or not.**

### BILLING

TVBA runs a billing cycle on the 15<sup>th</sup> of every month. All bills should be up to date at the beginning of the month if possible. If payment is not received by the end of the billing cycle (15<sup>th</sup>) services may be denied or frozen.