



New Membership Application Form 2019-2020 Academic Year

- Please attach a copy of both parents' Driver's Licenses
- Please complete and enclose the Medical Information
- Please complete and enclose the Team Questionnaire
- Please complete and enclose the Photo Release Form
- Please complete and enclose the Second Job Questionnaire
- Please calculate and enclose the Registration Fee
(Please make check payable to "Explorers")
- Only completed applications will be processed.**

General Information

Last Name	Father's & Mother's First Names	
Address (Street)	City	Zip Code
Phone Number/Cell Phone (<input type="checkbox"/> publish in directory OR <input type="checkbox"/> emergency use only)		
E-mail Address*		
Church Affiliation		

*Please note that all official Explorers communication is done through e-mail.

New Member References (i.e. Explorers members, church members, homeschooling families... Not your mom.)

Name	Phone Number	Email Address	Relationship (non-family)



List of Participants

#	Child's Name	Sex	Grade	Birth date	Which Program(s)?**				
					AM	PM	AM or PM only Fee \$50.00	If both add \$25.00	
1					<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
2					<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
3					<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
4					<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
5					<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	
6					<input type="checkbox"/>	<input type="checkbox"/>		\$	
7					<input type="checkbox"/>	<input type="checkbox"/>		\$	
8					<input type="checkbox"/>	<input type="checkbox"/>		\$	
9					<input type="checkbox"/>	<input type="checkbox"/>		\$	
10					<input type="checkbox"/>	<input type="checkbox"/>		\$	
We only charge registration fees at the beginning of each year, not per semester.							Total A Max \$200	Total B No Max	
							\$	\$	
HS drop off fee is \$150 per student, per semester. Please include here:								XXXXXX	
Total Fee			Total each column down				\$	\$	
Total Fee = A + B									

List all children participating in Explorers or who will be in the building during Explorers (such as infants not participating in the nursery). List their birth dates and grade levels for the next academic year, as of November 1, 2019.

Please include preschool – aged children and note we only admit families with an oldest child age of 5 and up.

** Please check both AM and PM if participating in the All Day Program;
 PM Program is only 6th grade and up, or the younger siblings of a student in 6th grade or higher with a parent who is teaching in the afternoon.



Explorers Home School Association Abuse History Questionnaire

I have not participated in, been accused or convicted of, or plead guilty or no contest to any type of abuse or sexual misconduct.

Father/guardian	
X _____	_____
Signature	Date

Mother/guardian	
X _____	_____
Signature	Date

Acknowledgment of Explorers Special Needs Policy

As an organization devoted to Christian education and community, we endeavor to make our programs available to all of God's children regardless of their disabilities, provided that any necessary accommodations will not impose an undue burden on Explorers or endanger your child or the other children in the program. Therefore, we request that you provide us with a detailed description of the severity and degree of your child's disability, the level of support needed from special services or special equipment that your child may require, and any other information that might bear upon Explorers' ability to provide a quality and safe education environment, given the limited resources available to Explorers. Explorers reserves the right to deny membership to any children who it cannot reasonably accommodate.

Description of special needs or disabilities (Please include each child's name in the description. Additional space on the back of this sheet may be used if needed. If none of the children on this application have special needs, write "none"):

Father/guardian:	
X _____	_____
Signature	Date

Mother/guardian:	
X _____	_____
Signature	Date

Explorers Home School Association Waiver

I understand that by signing this form I agree not to hold the Explorers Home School Association, or St. Luke Lutheran Church, or any of their staff or employees, responsible for any injury.

Father/guardian	
X _____	_____
Signature	Date

Mother/guardian	
X _____	_____
Signature	Date



St. Luke Waiver of Liability

The Explorers Home School Association hereby releases St. Luke Lutheran Church from all liability and responsibility relating to and during specific Explorers Home School Association use of their agreed premises and property. Explorers Home School Association holds St. Luke Lutheran Church harmless for any bodily injury to Explorers Home School Association members and their families and also for any property damage that may occur on and throughout St. Luke Lutheran Church premises.

Explorers Home School Association will be responsible to replace or restore St. Luke Lutheran Church's property if Explorers Home School Association members are found to be negligent for any such property damage. The parents of a child who causes any property damage will pay to replace or restore that property. Explorers members will be responsible for their own property at all times and will not hold St. Luke Lutheran Church responsible for any theft or damage of Explorers Home School Association property.

I am aware of the above agreement and will comply with the statements made above.

<p>Father/guardian</p> <p>X _____ Signature Date</p>	<p>Mother/guardian</p> <p>X _____ Signature Date</p>
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Photo Release Form

I hereby release the use of photographs of myself and my children taken during Explorers events to Explorers Homeschool Association for the purposes of the yearbook, website, and for promotional purposes.

<p>Father/guardian</p> <p>X _____ Signature Date</p>	<p>Mother/guardian</p> <p>X _____ Signature Date</p>
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Medical Information and Release

Parent Information

Last Name	Father's & Mother's First Names	
Address (Street)	City	Zip Code
Phone Number	Pager or Cell Phone	E-mail Address

Health Insurance Company Information:

Insurance Company's Name	Phone #	
Address		
Policy Number	Group #	Policy Holder's Name

On-Site contact person(s) with cell phone number(s):

1. _____ 2. _____

Off-Site contact person(s)

1. Name: _____ Phone Number: _____

Relationship to child: _____

2. Name: _____ Phone Number: _____

Relationship to child: _____

I give permission to the above mentioned persons to secure necessary medical treatment for my child(ren) in the event of an emergency, in my absence.

X

Parent's Signature

Today's Date



Allergy Waiver

I understand that there are snacks served in many of the Explorers classes. I understand that church staff or others in the building may bring outside food into the building at any time. Explorers will make an attempt to accommodate food allergies, but in no way can we guarantee an allergy-free environment. It is up to the parent to speak to each instructor about the snacks served and decide if they are appropriate.

The on-site parent should carry any medication or epi-pen, if needed.

Please list all allergy information below, including the child's name. **The parent is responsible for contacting each teacher and discussing any allergies or special needs with them.** I understand that my child's allergies and special needs are my responsibility.

Father/guardian:	
X _____	_____
Signature	Date

Mother/guardian:	
X _____	_____
Signature	Date



Team Questionnaire

1. Your name:

Today's Date:

These are the teams for Explorers: High school, Middle school, Upper Elementary(3rd-6th), Lower Elementary (4yrs-2nd grade), and Preschool/nursery. Please note that our greatest need is for HS/MS academic teachers. Families listing this as their preference will be given preferred status when applications are processed.

2. List three (3) teams you could serve on at Explorers in order of preference (if listing MS/HS please state AM, PM, or either):

1. _____

2. _____

3. _____

3. Please check the general curriculum topics that you would be interested in teaching:

- | | | |
|---|---|---|
| <input type="checkbox"/> art | <input type="checkbox"/> economics | <input type="checkbox"/> music |
| <input type="checkbox"/> business | <input type="checkbox"/> French | <input type="checkbox"/> physical science |
| <input type="checkbox"/> careers | <input type="checkbox"/> geography | <input type="checkbox"/> poetry |
| <input type="checkbox"/> choir | <input type="checkbox"/> gym | <input type="checkbox"/> public speaking |
| <input type="checkbox"/> crafts | <input type="checkbox"/> history | <input type="checkbox"/> science |
| <input type="checkbox"/> current events | <input type="checkbox"/> instrumental music | <input type="checkbox"/> social studies |
| <input type="checkbox"/> dance | <input type="checkbox"/> life sciences | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> drama | <input type="checkbox"/> literature | <input type="checkbox"/> writing |
| <input type="checkbox"/> earth sciences | <input type="checkbox"/> logic | <input type="checkbox"/> yearbook |
| | <input type="checkbox"/> mathematics | <input type="checkbox"/> other: _____ |

4. List your 3 top curriculum topics (from the list above)

1. _____

2. _____

3. _____



5. List any educational or professional background that would be of interest to team leaders planning classes. Please list any longer term hobby or sport as well:

6. Based on your top curriculum topics, please name (if you can) some specific classes you would find interesting to teach.

Please attach completed form to your Membership Application Form. Thank you!



Second Job Questionnaire

Every Explorers member is part of a teaching team. They are also assigned a small second job to keep things running smoothly.

1. Does your child take classes first hour (8:55-9:55)? _____
2. Does your family stay for lunch? _____
3. Do you stay in the afternoon? _____
4. Do you return to pick up your older students at the end of the day? _____
5. Do you have physical limitations that make it difficult to do certain jobs?
(explain) _____

Please attach completed form to your Membership Application Form. Thank you!
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