



Explorers Homeschool Association Membership Renewal Form 2019-2020

- Please complete and enclose all pages of this form. Applications due 4/16/19.
- Please calculate and enclose the Registration Fee
(Make check payable to "Explorers") Registration fees are not refundable.

General Information

(After your name, **only enter if there is a change from last year**)

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*			



List of Participants: write names as you would like them to appear on class lists.

#	Child's Name*	Grade	Which Program(s)?**				AM or PM only Fee \$50.00	If both add \$25.00
			AM	PM				
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 only 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).

**If you are unsure if your child will stay in the afternoons or on Fridays, just give it your best guess. After sign up, let the treasurer know of any changes. 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

Will your baby/toddler be staying with you or in the nursery program?	Yes/No/NA (Please circle one) Comments:
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Explorers Homeschool Association Activity Consent Form and Liability Waiver:

I give permission for the following:

(List each participant including all minor children and adults who will be participating in Explorers. Be sure to write out the last name each time and include the DOB, print and complete additional pages for additional family members)

First name	M.I.	Last name	Birthdate

Address: _____ City: _____ State: _____ Zip: _____

To participate in Explorers Homeschool Association classes and activities without restriction from September 1, 2019 through June 1, 2020. I understand that participation in Explorers activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself and my children to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release St. Luke Lutheran church, Explorers Homeschool Association, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I understand that by signing this form I agree not to hold the Explorers Home School Association, Explorers Homeschool Association members, St. Luke Lutheran Church, or any of their staff or employees, responsible for any injury or damages that may occur while participating in Explorers and Explorers related activities.

Father/guardian:	
X _____	_____
Signature	Date

Mother/guardian:	
X _____	_____
Signature	Date



Explorers Homeschool Association Criminal and Abuse History Questionnaire:

Have you at any time ever:

- Been arrested for any reason? Yes No
- Been convicted of, or pleaded guilty or no contest to, any crime? Yes No
- Engaged in, or been accused of, any child molestation, exploitation, or abuse? Yes No

Are you aware of:

- Having any traits or tendencies that could pose any threat to children, youth, or others?
 Yes No
- Any reason why you should not work with children, youth, or others? Yes No

If the answer to any of these questions is “yes,” please explain in detail:

I recognize that Explorers Homeschool Association relies on the accuracy of the information I provide on this and all forms in my application packet. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct. I voluntarily release Explorers Homeschool Association and all members therein from liability involving the communication of information relating to my background or qualifications. I further authorize Explorers Homeschool Association to conduct a criminal background investigation if such a check is deemed necessary. I agree to abide by all policies and procedures of Explorers Homeschool Association, and to protect the health and safety of the children or youth assigned to my care or supervision at all times.

Mother's and Father's printed names: _____

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: Has your information changed since last year? Yes/No
If it has changed, complete the following. If not, skip to the bottom of the page and sign.

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

OR

Our medical information is the same as for the 2018-19 school year. I give permission for Explorers staff on site 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



Explorers Homeschool Association 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: <u>X</u> _____ Signature Date
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Mother/guardian: <u>X</u> _____ Signature Date
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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 educational 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," and sign):

Father/guardian: <u>X</u> _____ Signature Date
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Mother/guardian: <u>X</u> _____ Signature Date
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Team Questionnaire 2019-2020

1. Your name:

Today's Date:

These are the teams for Explorers: High School, Middle School, Upper Elementary(3rd-6th) and Lower Elementary/Preschool/Nursery. Please note that our greatest need is for HS/MS academic teachers.

2. Have you discussed team placement and classes with a team leader? If so, who and what?

3. 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. _____

4. List your 3 top curriculum topics

1. _____

2. _____

3. _____

5. List any educational or professional background that would be of interest to team leaders planning classes:

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

7. Would you consider serving on the board? _____

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. A list of these is available under the "For Members" section of the Explorers website. Please reference that list to answer question seven.

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)_____

6. Please list the three second jobs that you would most prefer:

1. _____

2. _____

3. _____

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