



**THE MASTER'S ACADEMY**  
**2017 - 2018**

Complete and mail to:  
 The Master's Academy 23052 Alicia Parkway #H107, Mission Viejo, Ca. 92692

Date: \_\_\_\_\_

**Enrollment Application**

(Please use ink and print clearly. All information MUST be completed. Incomplete applications will not be accepted.)

**Section 1:**

Family Name: \_\_\_\_\_  
 (Last Name) (Husband's First Name) (Wife's First Name)

Home Address: \_\_\_\_\_  
 (Street) (City) (State) (Zip-Code)

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Please list all children living at home:

Name (First Name only, unless last name different.)	Sex (M/F)	Birth date	Age	Grade (as of 9/2017)

**Section 2:**

Church Name: \_\_\_\_\_

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

Senior Pastor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Section 3:**

Affidavit of Insurance: Current copies of all insurance declaration pages must be submitted.

We, \_\_\_\_\_ declare the following under penalty of perjury under the laws of the State of California:

- 1) I am the parent and/or legal guardian of all of the students listed in section one on page one of this application.
- 2) I will notify The Master's Academy of any change in insurance coverage and promise to keep the following existing policies, or suitable replacement policies, in effect at all times.

Initial \_\_\_\_\_

**Section 4:**

We, the undersigned, hereby release The Master's Academy from any and all liability which may result from injury incurred by myself or my child/children during field trips, parties, socials, special events, classes, assemblies, or any other function of The Master's Academy. I agree that the safety of my children during any Academy activity or at home activity is entirely my responsibility, and promise not to bring any legal action against the Academy, its leaders, affidavit holder or any other persons involved with the academy. I also agree to take full responsibility if my child/children injures another or causes property damage during any school function.

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

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

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

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

*...he will be a vessel for honor, sanctified, useful to the Master, prepared for every good work.  
2 Timothy 2:21b*

**Returning Family Application Checklist**

- Completed Application Form
- Completed Medical Release Form
- Completed Release of Liability Form
- Copy of HSLDA Membership Card
- Proposed Attendance Form (one per family)
- Proposed Course of Study (per student)

**New Family/Student Application Checklist**

- Copy of Recorded Copy Birth Certificate(s)
- Faculty Qualification Form (one for each parent)
- Family Philosophy of Education (new families only)

**Also include proof of:**

- CHEA Membership
- Home Owner's Insurance
- Auto Insurance
- Medical Insurance

Failure to keep your records up to date may result in termination of enrollment.

# Release of Liability

## The Master's Academy

### 2017 - 2018

As a Christian group, we seek to follow the biblical mandate, which disallows bringing charges against Christian brothers in civil courts. We also seek to be good stewards of the resources and blessings that the Lord has provided. Our group has never had an instance of injury of damages being charged to the group. Yet we believe it is best to be sure all members understand our position prior to any mishaps.

We are a loosely organized not-for-profit (though not officially "non-profit" status) group of Christian families. The leadership is made up of those who have volunteered their time to organize activities for the group. Participation in any event is strictly voluntary, with no member ever being required to attend any meeting or event. Neither our group, nor its leaders, nor its members are liable for any injuries or damages, whether connected with *The Master's Academy* event or not.

At every event, parents are responsible for their own children. Children are not allowed to attend any function without a parent. Occasionally a member will desire to send his child(ren) to an activity with another adult member. This practice is discouraged, yet because we understand that occasionally the parent must remain home because of illness in the family, pregnancy, etc., and because of the family-like nature of our group, we do not desire to prohibit it under all circumstances. In any case, no child is allowed to attend any event without being accompanied by, and supervised by his own parent or, in special cases, accompanied by and supervised by an adult member designated by that child's parent to take complete responsibility for him. We suggest that if you find it necessary to send your child to an event with another adult, it be one who is comfortable enough with your child to correct him if necessary.

Any special guests (grandparents, relatives, out-of-town friends, etc.) who accompany members to any event are under the sole responsibility of that member for behavior, damages, injuries, etc.

It is expected that any member or his child or guest who damages property or who causes injury, either willfully or through neglect, will take personal responsibility for his actions. However, our group will not be involved in any way in such situations. Any person, whether member or not, who has such a claim will be directed to discuss the offense individually with the part he believes to be responsible. The outcome of such a problem is out of the realm of this group's responsibility. If such disputes cannot be handled by the parties individually, we will expect that they will follow the guidelines of *Matthew 18: 15 - 35* thorough their own churches and church leadership.

In the remote event of a catastrophe injuring members while at a group event, we require a MEDICAL RELEASE FORM including each parent and child to be signed and submitted. No child may participate in any activity without said form having been filled out, signed by the child's parent/guardian, and submitted prior to the event.

I have read the above and agree to hold *The Master's Academy* harmless in the event of any damages or injuries to me, to my children, or to my property.

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Parent/Guardian Signature

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Date

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Parent/Guardian Signature

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Date

# Medical Release

## The Master's Academy

### 2017-2018

Parent's/Child's Name	Birth Date	Health problems, medical, or food allergies	Date of Last Tetanus Booster

I (We) the undersigned parent, parents, or guardians of the minor child(ren) named above, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health Services. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to render care, which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient(s), but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the responsibility for any of the costs connected with such treatment and hereby releases the leaders and members of *The Master's Academy* from any liability therefore.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under any emergency circumstances in my absence or incapacity.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

Emergency Phone / Pager: \_\_\_\_\_

Name

Number

Home Phone Number: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

# Faculty Qualification Form

## The Master's Academy

### 2017-2018

As a private school we are required by law to keep on file the qualifications of our teachers. Please include school(s) attended (high school on up), degrees, credentials, teaching experience, workshops, seminars, and other education or education-related experiences including Sunday School training.

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Name \_\_\_\_\_ Address \_\_\_\_\_

School	Name and Contact information for School	Course of Study	Did you Graduate?	Years Completed	List Diploma(s) or Degree(s)
High School			Yes____ No____	_____ Years	
College(s)			Yes____ No____	_____ Years	
Other (Specify)			Yes____ No____	_____ Years	
Teaching Experience					
Related Work Experience					

Signed \_\_\_\_\_