



# FOR THE LOVE OF LEARNING

3110 SE Aster Lane, Stuart, FL 34994

772-924-1070

ForTheLoveOfLearningFL@GMail.com

## 2019/2020 REGISTRATION

Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age on Sept 2019: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone# \_\_\_\_\_

Grade in 2019/2020: \_\_\_\_\_ School Attended Prior to F.T.L.O.L.: \_\_\_\_\_

Please circle Scholarship below, if it is applicable to your child:

AAA                  Gardiner                  McKay                  Step Up for Students-Income Based

Please tell us how to reach you while your child is with us:

Parent/Guardian \_\_\_\_\_ Relationship to student \_\_\_\_\_

Daytime phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to student \_\_\_\_\_

Daytime phone# \_\_\_\_\_ Cell phone# \_\_\_\_\_

Email \_\_\_\_\_

Other emergency contact \_\_\_\_\_ Relationship to student \_\_\_\_\_

Daytime phone# \_\_\_\_\_

Drop-off/Pick up Person(s):

Please list the names and phone numbers you authorize to drop off/and or pick up your child besides the Parent/Guardian and emergency contact: Children will not be allowed to go home with anyone unless they are on this list.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell# \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Cell# \_\_\_\_\_





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## WAIVER

**\*This Waiver is due with Registration Form, no exceptions\* ONE WAIVER PER STUDENT**

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

Special Needs: \_\_\_\_\_

Please list any food allergies, serious injuries, diseases, operations and any restrictions on physical activity (If none, please put none): \_\_\_\_\_

Photographs/Video: For The Love of Learning is hereby granted permission to take photographs or video of the student to use in brochures, web sites, posters, advertisements, yearbook and other promotional materials FTLOL creates. Permission is hereby granted for FTLOL to copyright such photographs in its name.

Liabilities: Parents and/or legal guardians or minor students and adult students waive the right to any legal action for any injury sustained while participating in co-op classes, private school classes, field trips or events with For The Love of Learning/Stuart Congregational Church or while on the property resulting from normal activity or any other activity conducted by the students before, during, or after school.

Education: The parent is responsible for the education of their child and making sure the child is completing all homework and will provide any additional homework the parent deems fit if the student doesn't attend FTLOL full-time. Parents are responsible for testing and associated costs, and turning in attendance for days the children do not attend FTLOL. Children are evaluated and placed based on their ability in each subject. Parents whose children attend FTLOL understand that if the child is placed into another school, they may not be in the grade level for each subject that they should be based on their age.

Personal Property: Anything lost/stolen is not the responsibility of For The Love of Learning.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_





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## TUITION/FEE AGREEMENT

### Tuition and Registration Fee (Non-scholarship students)

Annual tuition per student is \$6,200 to be paid monthly at \$620 per month. Tuition is due in advance, the 1st of every month. A non-refundable registration fee of \$850 is due when the student is accepted to FTLOL, before their first day of school. Scholarship students see below for more information.

By signing this agreement, I/We agree to the following payment schedule:

Due Upon Registration	\$425 (½ Registration fee)
August 12, 2019	\$620 Tuition + \$425 Registration Fee
September 1, 2019-May 1, 2020	\$620 the 1st of every month

### Tuition and Registration (Scholarship Students)

The majority of scholarships that we accept do not cover the entire tuition plus registration fee as explained above. The student is responsible for the difference between the scholarship amount and the total tuition and registration fee (\$7,050). Scholarship students are required to pay **\$200 as a deposit upon registration.** The deposit will be refunded when total tuition is received from the scholarship at the end of the school year or may be applied to the following school year. The annual amount that the scholarship will not cover is due by September 1st or within 30 days of registration if student enrolls after school has already begun. If the tuition amount due at registration is over \$500, we will allow monthly payments, see Director or Assistant Director to request a payment plan. See Examples on the next page for clarification.

**For Example:** If the scholarship pays \$6,800 annually, then the parent will owe \$250 for the year.

Total amount due from parent: \$250 (\$7,050-\$6,800) of which \$200 is due upon registration and the remainder (\$50) is due by September 1, 2019.

Initial \_\_\_\_\_ Initial \_\_\_\_\_





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## OTHER FEES

### Withdrawal Fee and Final Invoice

If a student is withdrawn before the end of the school year, a **30-day** written notice is required. By signing this agreement, I/we agree to pay a withdrawal fee of 1 month's tuition (\$620.00). This fee is due regardless of whether withdrawal is based on the school's or the parent's decision. Student records will be released upon payment of final invoice. In addition, the registration fee, if not already paid in full, will come due. Please note that most scholarships will not cover the entire registration fee if a student is withdrawn before the end of the school year. Parents will then become responsible to pay the entire registration fee upon withdrawal.

Sample Final Invoices:	<u>Scholarship Student</u>	<u>Non-Scholarship Student</u>
Unpaid Registration Fee	\$ 450.00	\$ 0.00 (already paid in full)
Withdrawal Fee	\$ 620.00	\$ 620.00
Total Due	\$1,070.00	\$ 620.00

### Late and Returned Check Fees

A late fee of **\$25.00** will be assessed for payments received after the 5<sup>th</sup> of every month, **\$50** after the 10<sup>th</sup>. Students on Gardiner Scholarship are required to approve quarterly payments on Step Up for Students website. A reminder email is sent from Gardiner. Failure to approve the payment within 2 days of the reminder email will be subject to the \$25 late fee. Returned check fee of **\$35.00**.

### Late Pick-Up Fees and Before Care Policy

Students picked up late will be charged \$5.00 for every 15 minutes late starting at 3:15 pm. An additional billing fee of \$5.00 will be charged if late fee is not paid at the time of pick-up. Students must register for Before-Care, see form for details.

### Testing and Tutoring Fees

Annual assessment tests will be administered at the end of the school year. These tests are optional unless the student's scholarship requires it. It is available for 3<sup>rd</sup>-12<sup>th</sup> Grade. The fee is \$50 and is included on the annual tuition invoice. Tutoring is available 1:1 for \$45/hour, \$35 for small groups. See Director for more information.

Initial \_\_\_\_\_ Initial \_\_\_\_\_







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For The Love of Learning reserves the right, at its sole discretion, to suspend, require withdrawal, or to dismiss a student at any time if it determines that continued attendance is not in the best interest of the student, any fellow students, or the school.

I/We the undersigned, in consideration of the placement of my/our child by For The Love of Learning, for the 2019-2020 school year, agree to the terms and conditions specified in this agreement, including the withdrawal terms, payment of registration, tuition and other fees.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





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## FARM WAIVER

### Release of Liability and Hold Harmless

Parent Name: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Student's Teacher: \_\_\_\_\_

Please select one (circle):      My child will be dropped off and picked up from the farm

My child will ride in the school van

My child needs a car seat

## WARNING

**Under Florida law, a farm/agritourism operator is not liable for injury or death of, or damage or loss to, a participant in a farm/agritourism activity conducted at this farm/agritourism location if such an injury, death, damage, or loss results from the inherent risks of the farm/agritourism activity. Inherent risks of farm/agritourism activities include, among others, risks of injury inherent to land, equipment, and animals, as well as the potential for you to act in a negligent manner that may contribute to your injury, death, damage, or loss.**

**RELEASE AND INDEMNITY AGREEMENT** In consideration of the acceptance of my participation and/or the participation of myself of my child or ward in a farm/agritourism related activities including but not limited to working with goats, chickens, pigs, cows, rabbits and more or any other activity related, however slight, to farm/agritourism at events on or off the premises at 5255 SW Sand Ave, Palm City, FL.





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I hereby acknowledge that I am fully aware of the nature, purpose and risks of farm/agritourism. I acknowledge that these activities are potentially dangerous and can result in serious injury and death, that I voluntarily accept any of the inherent risk involved.

I AGREE TO ASSUME THE RISKS incidental as to such participation including, but not limited to, those risks set out above, and on my own behalf, on behalf of my child or ward, and on behalf of my child's wards or heirs, executors, and administrator, RELEASE and forever discharge the released parties defined below, of and from all liabilities, claims, actions, damages, costs or expenses of any nature, arising out of or in any way connected with my participation and/or the participation of my child or ward in such farm/agritourism related activities and further agree to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses, including but not limited to attorney's fees and disbursements. The released parties are Andrew Cromwell, Krista Cromwell, For The Love of Learning, For The Love of Farming, Maple Leaf Manor, and their employees, agents, representatives, volunteers, successors and assigns of each. I understand that this release and indemnity agreement includes any claims based on the negligence, actions or inaction of any of the above released parties and other bodily injury and property damage, whether suffered by me, my child or ward before, during or after such participation. I further authorize medical treatment for myself, said child or ward, or my animal at my costs, if the need arises.

## PHOTO RELEASE:

**I understand that video and still photography will be taking place during all events at For The Love of Farming. I understand that the images are property of For The Love of Farming and may be used in advertisements, brochures and social media.**

\_\_\_\_\_  
**PARENT/GUARDIAN PRINTED NAME**

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

**I am the parent or Legal Guardian of, and wish this agreement to include, the following minor child:**

**STUDENT'S NAME** \_\_\_\_\_

**DOB** \_\_\_\_\_





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## PARENTAL CONSENT FOR SCREENINGS AND MEDICAL EMERGENCIES

### Screenings

By signing this document I agree to Opt-Out of the following screenings. Please circle any screenings that you are requesting for your child.

Vision Screening

Growth and Development including BMI

Hearing Screening

Scoliosis Screening

### Medical Treatment

In connection with any injury my child(ren) may sustain or illness or other medical conditions my child(ren) may experience during his and/or her participation in attendance at the For The Love of Learning, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my child's behalf. In the event that I cannot be contacted of an emergency, I further hereby grant For The Love of Learning permission to administer immediate treatment and/or take my child(ren) to a hospital emergency room via ambulance/emergency vehicle. Any medical treatment cost is the responsibility of the parent. I further authorize the attending medical personnel to execute on my child(ren)'s behalf any permission forms, consents or other appropriate documents relating to medical attention. I agree to assume all liability for any expenses incurred in such an emergency (transportation, hospitalization, x-rays, etc.). I also understand and agree that For The Love of Learning will notify me if my child(ren) becomes ill during school hours, and I will arrange to have my child(ren) picked up immediately from the school.

\_\_\_\_\_  
**PARENT PRINTED NAME**

\_\_\_\_\_  
**PARENT SIGNATURE**

\_\_\_\_\_  
**DATE**

**I am the parent or Legal Guardian of, and wish this agreement to include, the following minor child:**

**STUDENT'S NAME** \_\_\_\_\_

**DOB** \_\_\_\_\_





























