



2016-2017 Enrollment Contract

Please complete the following forms and return them to the school ASAP.

- _____ Enrollment Agreement (\$100 Enrollment Fee due with contract)
- _____ Payment Plan Agreement (\$750 Tuition Deposit due with contract)
- _____ Phone/Email List
- _____ Immunization Record (optional)
- _____ Accident Waiver & Release of Liability Form
- _____ Zone Permissions

1105 West Wall Street Grapevine, TX 76051
www.makarioschool.com
Phone: 682-422-6886
info@makarioslearningcommunity.org



Student Agreement

I wish to attend the Makarios Community School for the 2016-2017 school year. I agree to participate in the democratic and judicial process and promote the mission and welfare of the school. I agree to abide by the By-Laws of Makarios Community School, the rules and policies adopted by the school meeting and the Board of Trustees. In addition, I understand that Makarios Community School is an environment where students of every age are free to direct their own learning and activities, yet this freedom comes with responsibility. I understand that I am expected to: 1) treat others with respect (whether student, volunteer, staff or parent), 2) behave appropriate for a shared space such that I don't interfere or disrupt others learning activities, 3) participate in making, honoring and enforcing rules and structures of the community, and 4) help solve conflicts when they arise.

Due to the nature of a democratic learning environment, we ask that students attend a minimum of four days each week. The school requests that students arrive by 10am each day and plan on being on campus for a minimum of five hours. Please contact the school by phone, text or email if you will arrive later than 10am.

Student(s) Name	DOB	Address	Student Signature

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Parent/Guardian Agreement

I/We wish to enroll my/our child at the Makarios Community School for the 2016-2017 community year. I/we understand that the Makarios Community School encourages real-world learning in order for students to develop self-direction, self-motivation and self-knowledge and as such never requires students to attend specific classes or produce specific work. The school will support student's requests for learning, but does not direct learning activities according to any curriculum. The School Meeting may make certain activities mandatory for the smooth operation of the school. Currently there is a weekly School Meeting, daily assembly, clean-up/chores, staff led classes and Judicial Committee meetings, and periodic fire drills/safety training. Beyond these, the choices are up to each child. I/We give Makarios Community School consent to use photographs or video footage of my child for the purpose of promoting the school. I/We agree to pay the \$100 enrollment fee, \$750 tuition deposit and to set-up a FACTs tuition agreement per the 2016-2017 Payment Plan Agreement. I/We understand that the School Meeting and/or Board of Trustees may modify the management manual at any time.

Due to the nature of a democratic learning environment, we ask that students attend a minimum of four days each week. The school requests that students arrive by 10am each day and plan on being on campus for a minimum of five hours. Please contact the school by phone, text or email if a student will arrive later than 10am.

Parent(s)/Guardian(s)	Email	Phone	Address (if different)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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2016-2017 Payment Plan Agreement

Student	1st Child - \$7500	2nd Child - \$5625	3rd+ Child - \$3750

I/We understand that we are committing to a full semester of enrollment and agree to pay a minimum of one semester tuition. For example, a minimum of 5 monthly payments payable via FACTS or one semester non-refundable payment in full is required at time of registration. If a child withdraws or is removed from the community anytime after their first semester I/we are liable for the time that they have been enrolled plus a 30-day advance notice for family withdrawal or immediate suspension by MCS.

I/we agree to pay the tuition deposit of \$750 per family in addition to the \$100 enrollment fee directly to Makarios Community School in order to secure enrollment. The tuition deposit will be applied to the last contracted payment(s) of the 2016-2017 school year. I/We understand that enrollment is not finalized until the enrollment fee and deposit have been submitted to Makarios Community School and an agreement has been made with FACTs for monthly installments. To set-up a FACTs agreement, go to: <https://online.factsmgt.com/signin/4K4HN>.

I/We agree to pay all subsequent tuition through FACTs Tuition Management. I/We understand that FACTs charges an annual management fee of \$43.00 and monthly or quarterly payments will be processed by ACH.

I/We understand that if the community does not receive payment of tuition on or before the date it is due, my/our child cannot attend until the payment is received. I/We understand that if a student is withdrawn or suspended there will not be a refund issued for enrollment time that has passed in which the student was enrolled at MCS. In addition, student withdrawal requires a 30-day written advance notice and suspended student members will be required to pay for the next 30-day period beginning the date of immediate suspension. Makarios Ministries, Inc. board of trustees maintains the right to disenroll a student(s) at any time.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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Phone/Email List

Student(s) Name(s): _____

Please list the phone numbers and email addresses that you would like to be added to Phone List, and Announcements Email List. If your phone numbers or email addresses change throughout the year, please let us know so we can update them. If your student carries a cell phone PLEASE include their contact info.

Name/Title (Home, Work, Cell)	Phone	Email

Emergency Contact*: _____

Address: _____

Phone: _____ Email: _____

*Please provide a secondary contact in case immediate family can not be reached in case of emergency.



Immunization Record Release Authorization

I hereby authorize _____

(Doctor's Office or **Prior** School)

(Street Address)

(City)

(State)

(Zipcode)

(Phone)

(Fax)

to release the medical records of Name: _____ DOB: _____

Please include the following:

Immunization Records _____

Other _____

The records are to be sent to: Makarios Community School 1105 West Wall Street Grapevine, TX 76051

Approved: _____ (Date)

(Parent, Guardian)

***If a child is not immunized, it will not affect their enrollment. However, if a child has a communicable illness, please keep them home where they can recover more quickly and not further compromise their immune system. We will notify all families in the event of any communicable illness within our community.**

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Accident Waiver and Release of Liability Form

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE DAY TO DAY ACTIVITIES OF MAKARIOS COMMUNITY SCHOOL, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Makarios Community School and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Makarios Community School and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Student: _____ Age: _____ Student: _____ Age: _____

Student: _____ Age: _____

Parent/Guardian: _____ Signature: _____ Date: _____

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Zone Permissions

On Campus: inside building/back yard; walk to park, Taco Bueno, etc. escorted by staff member.

Off campus: Requires a parent permission slip on file, student must have and carry a cell phone with them, sign-out and tell a staff member when they leave the campus and when they expect to return. Makarios Community School will not assume responsibility for students that are given permission for off campus activity by their parents.

Please initial only one choice for each student.

Student(s) Name	On Campus/ escorted by staff	Off Campus Allowed

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____