



New Member Application for 2021-2022

Application Checklist:

- _____ Return each page of this application by the application due date. **Incomplete applications will not be processed.**
_____ Include your family's registration fee (made payable to: *Explorers*). Registration fees are non-refundable.

Last Name	Father and Mother's First Names	
Street Address	City	Zip Code
Phone Number	check one: ____ publish in Explorers directory ____ emergency-use only	
Email Address	Church You Attend	

New Member References

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

Name	Phone Number	Email Address	Relationship (non-family)

Explorers 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.

Father/Guardian:

Mother/Guardian:

X

X

Signature

Date

Signature

Date

Please mail your completed application to:

Explorers Administrator
2950 Burtch Road



Grass Lake, MI 4924

Explorers Student Registration and Fees

List students as you would like their names to appear on class lists.

Child's Name*	Grade During 2021-2022	AM	PM	Registration Fee: \$40	AM and PM Add \$25
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

	Total (\$150 max)	Total (no max)
	\$	\$
Explorers' High School drop-off fee is \$300/student/semester. Drop-Off Fees:	\$	
Total Fees:	\$	

*List all children participating in Explorers Home School Association. Registration fees are charged for children two-years-old and above (on September 1, 2021).

Explorers' afternoon program (PM) is for students 6th grade and above. It can also be used for children whose parents teach afternoon classes.

1. Will your child(ren) take classes first hour? ☐ Yes ☐ No
2. Will your family stay for lunch? ☐ Yes ☐ No
3. Will you stay in the afternoon? ☐ Yes ☐ No



Explorers Activity Consent Form and Liability Waiver

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	Last Name	Date of Birth

I give permission for those listed above to participate in Explorers Home School Association classes and activities without restriction from September 1, 2021 through June 1, 2022. I understand that participation in Explorers Home School Association activities involves a certain degree of risk and can be physically, mentally and emotionally demanding. I have carefully considered the risk involved and give consent for myself and my children to participate in these activities. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release St. Luke's Lutheran Church, Explorers Home School Association, activity coordinators and all employees, volunteers, related parties or other organizations associated with these activities from any and all claims or liabilities arising out of this participation.

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

Father/Guardian:
X

Mother/Guardian :
X

Signature

Date

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.

Father/Guardian:
X

Mother/Guardian:
X



Signature

Date

Signature

Date

Explorers Home School Association Criminal 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 child molestation, exploitation or abuse? ☐ Yes ☐ No

Are you aware of:

- Having any traits or tendencies that could pose a threat to children, youth, or others?
☐ Yes ☐ No
- Is there 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:

Mother/Guardian:

X

X

Signature

Date

Signature

Date



Explorers Home School Association Allergy Waiver

I understand that snacks are served in many of 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 allergies and/or special needs with them.** I understand that my child's allergies and special needs are my responsibility.

Father/Guardian:

Mother/Guardian:

X

X

Signature

Date

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 none of your children have special needs, write "None" and sign.):

Father/Guardian:

Mother/Guardian:

X

X

Signature

Date

Signature

Date





Medical Information and Release

Parent Information

Last Name	Father's & Mother's First Names	
Address (Street)	City	Zip Code
Phone Number/Cell Phone		

Health Insurance Company Information

Insurance Company's Name	Phone Number	
Address (Street)	City	Zip Code
Policy Number	Group Number	
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.

Father/guardian	
X _____	
Signature	Date

Mother/guardian	
X _____	
Signature	Date



Team Questionnaire 2021-2022

1. Your name:

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:

☐ art

☐ economics ☐ music

☐ business

☐ French ☐ physical science

☐ careers

☐ geography ☐ poetry

☐ choir

☐ gym ☐ public speaking

☐ crafts

☐ history ☐ science

☐ current events

☐ instrumental music ☐ social studies

☐ dance

☐ life sciences ☐ Spanish

☐ drama

☐ literature ☐ writing

☐ earth sciences

☐ logic ☐ yearbook

☐ mathematics ☐ 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.

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) _____
