

Enrollment Checklist

- ___ Visit LIFT
- ___ Choose Program

- ___ Attend Annual In-Person Acct Set Up Meeting
- ___ Pay Deposit ___ Pay Registration

- ___ Pay Annual Tuition in full, or

- ___ Set up Payment Plan ___ Turn in Tuition Checks

- ___ Set up Communication
https://apps.wix.com/place-invites/invite-lp/860b9366-7512-419d-b5e5-0fb50fa1889c?ref=2_cl

- ___ Complete Forms (at end of this book)
 - _ Zone Permissions (ages 13+)
 - _ Release of Liability
 - _ Attendance Agreement
 - _ Enrollment Form
 - _ Emergency Contact / Pick Up Permissions
 - _ Read Hygiene Policy
 - _ Sign Hygiene Waiver
 - _ Adult Waiver & Youth Waiver
 - _ Initial when Handbook Read
 - _ Schedule Drop-off & Pick-up Time

ZONE PERMISSIONS - 13 & Older

My child (13 & over) can:

Walk to the shops on the corner of N. Tarrant/
Rufe Snow (Kroger, McDonald’s, Subway)

Circle either Yes or No Below

- Yes / No Alone
- Yes / No With other students their age
- Yes / No Only With a LIFT adult

Walk the trail next to LIFT

Circle either Yes or No

- Yes / No Alone
- Yes / No With other students their age
- Yes / No Only With a LIFT adult

RELEASE OF LIABILITY

LIFT SCHOOLHOUSE, LLC
Classes held at 706 Creek Bluff Drive, Keller, TX 76248

Permission and Release of Liability:
I give permission for my child(ren) to participate in LIFT SCHOOLHOUSE, LLC’s activities, classes, and events.
I waive, release, and indemnify LIFT SCHOOLHOUSE, LLC and their owners, agents, contractors, directors, officers, coordinators, employees, and volunteers from all demands, claims, or liabilities, in law or in equity, which have arisen or may arise from any activity and which involves any damage, loss or injury to me, my child (ren) or our property.
I further agree that any claim arising from or relating to this agreement be settled by mediation.
I will be responsible for any physical damage to other’s property, including LIFT Schoolhouse, and their contracted staff, volunteers, and students, and incurred by my child(ren).

First and last name of student(s):

Signature of Both Parents or Guardian

Date

ATTENDANCE AGREEMENT

Our family wishes to be a part of LIFT Schoolhouse.

_____ We agree to support the goals and well being of the LIFT Schoolhouse community to the best of our ability.

_____ We agree to maintain and protect the boundaries set in place and honor the policies put forth by LIFT Schoolhouse in regards to routines, schedules, communication, fees, and behavior in the spirit of cooperation and community.

_____ We understand that LIFT Schoolhouse is a small business run by a sole individual and we must provide my own childcare in the case that LIFT has to be closed due to illness, although LIFT will strive to make-up cancellations when possible according their June make-up dates schedule.

_____ We agree to make ourselves available for communication from LIFT Schoolhouse as well as communicate with the school immediately if anything will affect our ability to arrive on time for drop-off or pick-up, keep our account in good standing, or to complete schoolwork.

_____ We understand that we have committed to the following parameters: full amount of annual tuition is owed whether my

child attends or not and whether illness, vacation, work situations, or any other reason prevents attendance.

_____ We understand LIFT is an environment where students come for individualized lessons and interactive learning experiences without an onsite parent responsibility requirement, however, some involvement from parents outside of class is needed to fulfill responsibility in regard to the state laws governing homeschooling.

Parents please make sure your child understands the following; Students understand that they are expected to:

- 1) treat all those in our community with respect _____
 - 2) behave in a way that doesn't interfere or disrupt others learning activities _____
 - 3) participate in honoring policy and structures of the community _____
- and
- 4) ask for help to solve conflicts when they arise _____

Parent/Guardian: _____

Parent/Guardian: _____

Student/s Name/s: _____

DOB: _____

Current Date: _____

ENROLLMENT FORM

PRIMARY CONTACT PARENT:

PRIMARY PHONE:

PRIMARY EMAIL:

SECONDARY CONTACT PARENT:

SECONDARY PHONE:

SECONDARY EMAIL:

MAILING ADDRESS:

STUDENT NAME:

BIRTH MONTH & YEAR:

PROGRAM:

ALLERGIES: YES / NO

INSTRUCTIONS:

DIAGNOSIS/TREATMENT current or past for learning,
emotional, or behavioral issues: YES / NO

INSTRUCTIONS:

EMERGENCY CONTACT / PICK UP PERMISSIONS

YOU MUST BE REACHABLE AND AVAILABLE TO PICK UP
CHILD WITHIN 30 MINUTES IN CASE OF ILLNESS OR
EMERGENCY.

WE WILL CALL YOU FIRST BUT PLEASE PROVIDE AT LEAST
ONE EMERGENCY CONTACT OTHER THAN PARENT:

NAME:

PHONE NUMBER:

RELATIONSHIP:

Other than parents and emergency contact:

WHO CAN PICK UP YOUR CHILD?

If you have a last minute change or need to get a ride that
we don't have listed, just let us know at the time at
682-772-2214.

Let us know if you require those we don't know to show
their Driver's License so we can confirm their identity in
order to allow them to pick up your child/ren.

LIFT Schoolhouse Hygiene Waiver: Initial/Sign

Student/s Name/s:

Both Parents Initial Each Section and Sign Bottom:

_____ I/we understand that while LIFT and participants will do all they can to provide a safe and clean environment, and will do their best to monitor those in attendance, there is always the possibility of contracting illness.

_____ I/we are knowingly accepting responsibility in taking this risk and do not hold LIFT or their participants in any way responsible in anyone in our family/ household becoming ill.

_____ I/we understand that LIFT meets in a family home and classes could be cancelled for student safety or household needs in case of serious illness.

_____ I/we will be responsible to stay home when someone in our household:
Has or has had a fever in the past 24 hours
Has a sore throat

_____ I/we will be responsible to stay home when someone in our household:
Is experiencing congestion, bronchial, or productive cough
If nasal or bronchial discharge is not clear or is not confirmed as allergies.

_____ I/we will inform LIFT if anyone in our household has or is exposed to anyone with a communicable disease, chicken pox, strep, staph, conjunctivitis (pink eye), or coronaviruses such as flu, cold, or COVID19, or any parasite such as lice.

_____ I/we will follow guidelines for informing those we have been/will be around in regards to disease and parasites.

I understand we need to stay home if exposed to or with the following symptoms in the household:

- _____ Chicken Pox
- _____ Lice
- _____ Conjunctivitis / Pink Eye
- _____ Fever within 24 hours
- _____ Sore Throat
- _____ Productive cough
- _____ Yellow or Green discharge
- _____ Bedbugs or other vermin

Signature of Both Parents:

ADULT WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in related events and activities, the undersigned:

-----LIFT Schoolhouse-----

1. Agree that the member/participant should inspect the facilities and equipment to be used, and if the member/participant believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue LIFT Schoolhouse
(name of organization)its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/

participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as “releases,” from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE,
UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL
RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Member/Participant (print)

Signature of Member/Participant)

Address of Member/Participant)

Telephone Number of Member/Participant

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YOUTH WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in related events and activities, the undersigned: LIFT Schoolhouse (name of organization)

1. Agree that the parent(s) and/or legal guardian(s) of the participant should inspect the facilities and equipment to be used, and if the parent or guardian believes anything is unsafe, he or she should immediately advise supervisor (advisor, manager, etc.) of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each member/participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue LIFT Schoolhouse (name of organization)

its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Student/Participant (print) _____

Name of Parent/Guardian (print) _____

Parent/Guardian Relationship (print) _____

Signature of Parent/Guardian _____

Address of Student/Participant _____

Telephone Number of Parent or Guardian

() _____

ENROLLMENT FOR ADDITIONAL CHILDREN

STUDENT NAME:

BIRTH MONTH & YEAR:

PROGRAM:

ALLERGIES: YES / NO

INSTRUCTIONS:

DIAGNOSIS/TREATMENT current or past for learning, emotional,
or behavioral issues: YES / NO

INSTRUCTIONS:

STUDENT NAME:

BIRTH MONTH & YEAR:

PROGRAM:

ALLERGIES: YES / NO

INSTRUCTIONS:

DIAGNOSIS/TREATMENT current or past for learning, emotional,
or behavioral issues: YES / NO

INSTRUCTIONS:

STUDENT NAME:

BIRTH MONTH & YEAR:

PROGRAM:

ALLERGIES: YES / NO

INSTRUCTIONS:

DIAGNOSIS/TREATMENT current or past for learning, emotional,
or behavioral issues: YES / NO

INSTRUCTIONS:

STUDENT NAME:

BIRTH MONTH & YEAR:

PROGRAM:

ALLERGIES: YES / NO

INSTRUCTIONS:

DIAGNOSIS/TREATMENT current or past for learning, emotional,
or behavioral issues: YES / NO

INSTRUCTIONS: