



# WELCOME FAMILIES

## 2024-2025

Dear Families,

Yes, once again it is time for registration, and we will be doing registration in person again this year. A few things have changed, so please take the time to read over these instructions.

### **Forms to Complete Before Registration Day:**

**2024-2025 Family Application:** This allows Master's Monday to have the most current information regarding our families. *A copy of a 2024-2025 "proof of registration" from your umbrella school will be needed and can be brought to orientation in August.* Please note the statements at the bottom of the form concerning our spiritual objectives, our governing policies, and photographs.

**Student Schedule:** Please fill out a schedule for each student **in pencil at registration (not before, in case changes must be made)** as shown at the end of the application form.

**Medical Release:** This form must be signed by at least one parent.

The 2024-2025 Family Application, Student Schedule, and Medical Release forms are available online. Please print all of the forms, and then bring the completed forms to registration.

### **On Registration Day**

**Payment Procedure:** You may pay for a class by check or cash. Checks should be made out to each individual teacher, except for ACT Prep (which will be to Koontz Cram Course, LLC). If your student has the same teacher for more than one class, a separate check for each class is required. If you have siblings taking the same class together, you may combine the siblings' fees for that class. If you are paying with cash, there will be envelopes provided for you on registration day. Please bring exact cash, as we do not have the ability to make change.

We will also be collecting the \$75 registration fee, due at registration, with checks made payable to Master's Monday.

### **Additional Information**

**Governing Policies:** This outlines the rules of Master's Monday. Please note that you are asked to check a statement at the bottom of the Family Application indicating that you have read and agree with the Governing Policies.

**Master's Monday Bylaws:** A copy of the Master's Monday bylaws will be available during registration. Please read over them, paying close attention to sections one and two. Please note that you are asked to check a statement at the bottom of the Family Application indicating that you have read and agree with the Bylaws.

We look forward to seeing you on registration day. If you have any further questions, please contact Lisa Benedict or Lee Ann Gallups. You may reach them by email at [mmsecretary0@gmail.com](mailto:mmsecretary0@gmail.com).

Master's Monday Board



# 2024 – 2025 Family Application

## FAMILY INFORMATION

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Cell Phone: (Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_ Email \_\_\_\_\_

Parent's Employer \_\_\_\_\_ Phone \_\_\_\_\_

Church Member at: \_\_\_\_\_ Years Attending: \_\_\_\_\_

Homeschool Umbrella your family is registered with: \_\_\_\_\_

\* Please bring a copy of your 2024-2025 "proof of registration" to orientation.

## STUDENT INFORMATION (PLEASE LIST ALL STUDENTS)

**Student #1:** Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Other enrichment or extra-curricular programs student is involved in: \_\_\_\_\_

Describe any learning disabilities student may have: \_\_\_\_\_

**Student #2:** Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Other enrichment or extra-curricular programs student is involved in: \_\_\_\_\_

Describe any learning disabilities student may have: \_\_\_\_\_

**Student #3:** Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Other enrichment or extra-curricular programs student is involved in: \_\_\_\_\_

Describe any learning disabilities student may have: \_\_\_\_\_

\* List additional students on the back of this form.

## STUDENT DRIVER INFORMATION

List students who may be driving to school at any point this year:

\_\_\_\_\_

List any cars the student(s) may be driving:

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Tag# \_\_\_\_\_

**Please read our Spiritual Objectives and our Governing Policies, and check each statement below indicating your agreement:**

- I have read and agree with the spiritual objectives stated in sections 1 and 2 in the bylaws of Master's Monday.
- I have read and agree with the governing policies listed on the Governing Policies form.
- I/We GRANT permission for photographs, videos, or other likeness of the student(s) listed above to be published in the yearbook and on the Master's Monday Facebook page.

Father's Signature \_\_\_\_\_ Mother's Signature \_\_\_\_\_



# 2024 – 2025 Family Application

## Student Schedule

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

Time	Class
8:00 - 8:55 a.m.	
9:00 - 9:55 a.m.	
10:00 - 10:55 a.m.	
11:00 - 11:55 a.m.	
12:00 - 12:40 p.m.	(Lunch)
12:45 - 1:40 p.m.	
1:45 - 2:40 p.m.	
2:45 - 3:40 p.m.	

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

Time	Class
8:00 - 8:55 a.m.	
9:00 - 9:55 a.m.	
10:00 - 10:55 a.m.	
11:00 - 11:55 a.m.	
12:00 - 12:40 p.m.	(Lunch)
12:45 - 1:40 p.m.	
1:45 - 2:40 p.m.	
2:45 - 3:40 p.m.	

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

Time	Class
8:00 - 8:55 a.m.	
9:00 - 9:55 a.m.	
10:00 - 10:55 a.m.	
11:00 - 11:55 a.m.	
12:00 - 12:40 p.m.	(Lunch)
12:45 - 1:40 p.m.	
1:45 - 2:40 p.m.	
2:45 - 3:40 p.m.	



# Master's Monday Medical Release

## 2024-2025

Your student will be participating in activities with Master's Monday Homeschool Co-op, whose classes meet at Oak Ridge Baptist Church, 1451 Bethel Valley Rd., Oak Ridge, TN 37830. It is understood that, although your student will be supervised by teachers and volunteers at Master's Monday, there is the possibility your student could sustain injury or illness during the normal course of school activities. Should it be necessary for your student to have medical treatment while participating in school activities and a parent cannot be reached, your signature gives the representatives at Master's Monday Homeschool Co-op permission to use their judgment in obtaining medical service for the student and gives permission to the physician to render medical treatment deemed necessary and appropriate. You should understand that the co-op has no insurance covering medical or hospital costs incurred for your child; therefore, any cost incurred for such treatment shall be your sole responsibility.

By signing this form, you also agree to release Master's Monday Homeschool Co-op, teachers, volunteers, board members and all parties affiliated with Oak Ridge Baptist Church from any and all damages as the result of death and/or injuries of any kind that you and your student might suffer as a result of participating in school activities.

This is a legal document, and you are free to obtain a lawyer's advice at your own expense before signing it. You may not, however, change the language of this form, and any additions or deletions you make to this form are void.

### Parents' (Legal Guardian) Name(s):

Print name: \_\_\_\_\_ Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

### Family Information:

Parents' Names: \_\_\_\_\_

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number(s): \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Member Policy Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Student #1

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

Allergies or health issues: \_\_\_\_\_

### Student #2

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

Allergies or health issues: \_\_\_\_\_

### Student #3 (please write in additional students on the back of the page)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of last Tetanus: \_\_\_\_\_

Allergies or health issues: \_\_\_\_\_



# Governing Policies

## ACADEMICS

- Master's Monday Homeschool Co-op (MM) is a tutorial program. Parents are still responsible for the majority of teaching and ensuring that all work is completed as assigned.

## FEE PAYMENT

- A non-refundable registration fee of **\$75 per family** is due at registration.
- If a financial emergency arises which makes payment of fees on time impossible, a written statement with details of the problem and a proposal for payment should be submitted to the Board **prior** to the due date.
- **The full year's fees for classes are due in two installments (Spring registration and Orientation), regardless of withdrawal from classes.**
- If checks are returned due to insufficient funds, there will be a \$30 fee. The Board will have the discretion to require all future payments in cash.
- All communication regarding registration of classes, payment of fees, etc., should be directed to the Board. **Individual teachers should only be approached with academic issues.**

## WORK

- Parents are required to fulfill work responsibilities in one of several volunteer positions. Hours of responsibility will be determined by the number of families attending MM. Any conflicts in schedules will be the parents' responsibility to remedy and to notify the Board. (See *Family Handbook* for further details.)
- Failure to fulfill work responsibilities will result in a \$50 fine per incident.

## CONDUCT

- Students are expected to be on time and present at the beginning of each class.
- Students are expected to complete course assignments on time and come fully prepared for class.
- If a student is absent for 4 classes in one semester, they may be asked to drop the class.
- A student is permitted a maximum of 2 hours in study hall.
- Inappropriate behavior, inappropriate or foul language, inappropriate public displays of affection, or a disrespectful attitude may result in dismissal from MM.
- The use of electronic devices will not be permitted. Cell phones must be **turned off or silenced, with no texting** during class (including Study Hall). Exceptions may be allowed with approval. (see *Family Handbook*)

## DRESS CODE

- Shirts must completely cover the abdomen, back, and shoulders. Shirts or tops must cover the waistband of pants, shorts, or skirts, with no midriff visible at any time. Low-cut blouses or shirts, extremely tight tops, tube tops, or any tops that expose cleavage, are prohibited. Tank tops must have at least one-inch wide straps.
- Footwear is required and must be safe and appropriate.
- Leggings or tights may only be worn under shorts or skirts.
- Skirts and shorts must be no shorter than four inches above the knee regardless of leggings or tights and must come to finger-tip length.
- Clothing must not display offensive or suggestive images or messages, nor should they promote products which students may not legally buy, such as alcohol, tobacco, or illegal drugs.
- No facial piercings or tongue piercings are to be worn to co-op. All visible tattoos must be appropriately covered.
- If a student is found to be in violation of the dress code, he/she will be removed from class, and parents will be contacted to take the student home for the remainder of the day.
- Apparel or appearance that draws attention to an individual rather than to a learning situation must be avoided. **In matters of opinion, the judgment of the Board will stand.**

## STUDENT DRIVERS

- Students who are driving to Co-op must have written permission on file.
- Students will not be allowed to take students other than siblings off-site without written permission from all parents involved.
- Student drivers may not leave the premises except to leave for the day or to attend classes elsewhere.
- Students should only use the parking lot located behind the church.
- Reckless or careless driving on church property will result in revoking privileges to drive on church property.