

STUDENT INFORMATION

Student First Name Student Last Name Gender Registration Date

Street Address Apt# City Postal/Zip Code

Birthdate Age

Current/Graduated Grade Level Current School District

Race/Ethnicity:

- White or Caucasian Black or African American Native Hawaiian or other Pacific Islander Asian
 Indian Indian American or Alaskan Native Hispanic or Latino/a
 Middle Eastern Other _____ I do not wish to furnish this information

Does your student have an IEP or a 504 plan? Yes No (If yes, please provide.)

Select all that apply:

- SNAP (free/reduced meals) Emancipated Minor Refugee
 Tuition Remission Social Security Recipient Foster Care

Restroom Policy:

The restroom is down the hallway. It is our policy that students in PK-4th grade go to the restroom with an adult and recommend that students in 5th-6th grade are accompanied by someone.

Do you allow your student to go to the restroom alone? Yes No

If not, who do you prefer the student go to the restroom with? Mark all that apply.

- Sibling An Older Student Any Other Student An Adult

Sign-Out Policy:

It is our policy that students in PK- 4th grade do not sign out without adult supervision and recommend that students in 5th-6th be signed out by an adult or family member.

Do you permit your student to sign out of Middle Tree without the supervision of an adult?

- Yes No

If not, can anyone besides the legal guardian(s) sign them out? Yes No

If yes, who may also sign your student out? Use their LEGAL name. (Must present ID)

(See Reverse Side)

Middle Tree LIABILITY RELEASE AGREEMENT (hereinafter "Release")

Minor's Legal Name (print) _____ (hereinafter "Minor").

Middle Tree and I, the undersigned parent or legal guardian of the Minor, agree that the Activity (activities include any Middle Tree activities both on and off site) may pose risks, including possible illness, injury, as well as similar and dissimilar risks (hereinafter "Risks"). The undersigned is fully aware of the Risks and other hazards inherent in the Activity and is allowing the Minor's voluntary participation in the Activity and assumes the Risks and all other risks of loss, damage, or injury that may be sustained while participating in the activity. We are also not liable for personal items and school materials assigned to the student.

Middle Tree makes no representations or claims as to the condition or safety of the land, structures, transportation, or surroundings that may be involved in the Activity, whether or not owned, leased, operated or maintained by Middle Tree. It is understood that Middle Tree does NOT provide any insurance coverage for the Minor's person or property, and the Minor's parent(s) or guardian(s) acknowledge that they are responsible for the Minor's safety and the Minor's own health care needs, and for the protection of the Minor's property.

In exchange for allowing the Minor to participate in these Middle Tree activities, the Minor, by and through the undersigned, the undersigned, and the Minor's respective heirs, personal representatives and estates agrees to, in perpetuity, release from liability, indemnify and hold harmless Middle Tree and any agent, officer or employee of Middle Tree acting within the scope of their duties for any injury to the Minor's person or damage to the Minor's property. I authorize Middle Tree to take any appropriate action necessary in its judgment, including seeking medical care, if I am not present or reachable in the event of an emergency. The undersigned acknowledges that as a part of this Release he or she shall be 100% liable for the remuneration of any and all incurred medical expenses resulting from any injury incurred during, or as a result of, participation in the Activity.

If any term of this agreement or the application to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder shall not be affected thereby, and each and every remaining term of this agreement shall be valid and enforced to the fullest extent permitted by law. In the event of any need to enforce this agreement, Middle Tree shall be entitled to its attorney fees and costs. This agreement will be governed by California law, County of Los Angeles.

I, the undersigned, state that I am the parent or legal guardian of the Minor. I have fully read and understand the above terms and conditions and that they apply to said Minor and to myself, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned. This document is binding on myself, the said Minor, and any person suing on behalf of said Minor.

Parent/Guardian Name (please print): _____

Signed: _____

Date: _____

PUBLICITY AUTHORIZATION FORM

Middle Tree regularly produces and distributes instructional or promotional materials, both electronic and printed, to students, families, friends, prospective families, and the Educational Community. These materials may include, but are not limited to student-generated projects and podcasts to be shared with students or experts around the world, media placed on District websites, promotional brochures, etc. Once these materials are distributed they often make their way to the public domain and become generally available to the public for view and use.

Please check ONE option and SIGN below:

I authorize Middle Tree to make (or authorize the making of) photographs, videotapes, audiotapes, or other media of my child and/or his/her work for publicity, instructional, or professional development purposes without further notice to me. I understand that such media, which may or may not be accompanied by my child's name, could appear on District websites, on District-approved websites, on other websites, or in print with or without my knowledge. I further understand that my child's work, which may or may not be accompanied by his/her name, may be electronically displayed and produced. I further understand that once distributed by the District, my child's photograph, video image, voice and/or work may find its way to the public domain.

I do not authorize Middle Tree to publish my child's photograph, video image, voice or work for publicity, instructional or professional development purposes.

Name of Student (Please Print Clearly)

Parent/Guardian Signature

Date

Medical Release Form

Student(s) First Name _____

Student(s) Last Name _____

Emergency Treatment

If Middle Tree staff deem it necessary, your child will be taken by ambulance to the nearest emergency facility where the attending physician (or dentist) on duty may perform emergency treatment on your child. All costs incurred shall be at the parent's or guardian's expense.

Notable Health Issues

Please list your student(s)' health problems, if any, and explain. (Examples: diabetes, asthma, severe allergies, heart problems, seizures, bone/joint problems or other health concerns.)

Medication at Middle Tree

No Middle Tree staff members administer medications (prescription or over the counter) to students. However, in case of an emergency, please list the medications your student(s) is/are taking on a continuing basis:

Medication/dosage: _____

Reason for medication: _____

Name of physician supervising treatment: _____

I acknowledge that I have read the Emergency Release Form and that I am aware of Middle Tree's procedures in the event my child is seriously injured or there is a catastrophic event. I certify that the information I have provided is accurate and current. Should a change in the information I have provided occur, I will immediately inform Middle Tree staff of the change and update this form to ensure that my emergency contacts are available as needed.

Print Parent/Guardian Name: _____

Signature (Parent/Guardian): _____ Date: _____

(See Reverse Side)

EMERGENCY RELEASE FORM (Optional)

Emergency Contact Information:

In the event of an emergency or disaster, your student(s) will only be released to the persons authorized on this form if we are unable to reach you.

I authorize the following individuals to pick up my student(s) in case of an emergency or disaster:

Name	Relationship	Phone Number

Medical Contact Information

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Student(s)' health insurance: _____ Medical Record Number: _____

As A Member, I Understand That:

ACADEMICS:

- ❑ Teachers are not responsible for keeping students entertained. When students are at Middle Tree they will be expected to pursue some kind of academic benefit.
- ❑ If your student does not bring his or her textbook and/or class notes he or she may not be able to receive the necessary help to complete assignments from school.
- ❑ Students and parents are responsible for keeping track of their own homework assignments, tests, and quizzes.
- ❑ If your student does not let Middle Tree teachers know about his or her project well in advance of the due date, then your student may not receive the necessary help.
- ❑ Middle Tree is not responsible for providing school, art or project supplies..
- ❑ Students with an IEP or a 504 Plan must share it with Middle Tree staff before your student begins. Failure to do so will almost certainly prevent us from providing your student with the necessary help.
- ❑ The more communication Middle Tree staff has with parents the better we are able to assist our students.
- ❑ Test Preparation lessons are for standardized tests such as the SAT, ACT, SSAT, etc. Preparation for tests over the course of a student's normal school year can be handled through the regular membership.

LOGISTICS:

- ❑ A Middle Tree pledge contract cannot be paused or terminated; when pledging to support Middle Tree I am pledging to support a public mission that budgets around the pledges it receives.
- ❑ All registrations require a \$75 registration fee, which covers matriculation and materials costs.
- ❑ Test Preparation is billed independently of the general membership.
- ❑ The SEED (Student Enrichment through Educational Development) program is meant for students who need focused attention. Billing is assessed independently of the unlimited membership.
- ❑ The SHADE program (Summer Hands-on Application Development in Education) is Middle Tree's summer program and is billed independently of the general membership.
- ❑ Supplemental curriculum created outside of general hours will be billed independently of general membership.
- ❑ Appointments must be made 48 hours in advance or they cannot be honored.
- ❑ If a student cancels an appointment inside of 24 hours from the appointment time or fails to show up for their appointment, a fee may be assessed and the appointment may not be rescheduled.
- ❑ Students are expected to show up on time for appointments. Preordained appointments will stop at the prescheduled time regardless of whether or not a student is on time.
- ❑ If a student is not picked up a half hour after Middle Tree closes and there is no communication with a parent or guardian, a \$25 late fee will be assessed and child services will be contacted.
- ❑ All unlimited memberships can be paused from June 1st to September 1st.

Please initial here:

Parent/Guardian's Name

Parent/Guardian's Signature

Student's Name

Date

Participant's Release, Waiver of Liability, Assumption of Risk, and Indemnity COVID-19 Agreement

In consideration of being permitted to participate in Educational Activities being held during the Fall 2020 semester at Middle Tree, I, on behalf of myself, my executors, heirs, administrators and assigns, hereby voluntarily agree to release, waive, discharge, hold harmless, and agree not to sue Middle Tree, its trustees, officers, employees, agents, and volunteers, for any and all claims, damages, costs, attorney's fees, or causes of action which I have or may have in the future that arise as a result of damages, injuries, including death, relating or arising out of or incident to any negligent act or omission by Middle Tree, its trustees, officers, employees, agents, and volunteers, or by other participants in the Educational Activity. I knowingly and voluntarily give up valuable legal rights, including the right to sue.

Additionally, I agree to indemnify and defend Middle Tree, its trustees, officers, employees, agents, and volunteers for any and all claims, damages, costs, attorney's fees, or causes of action that arise as a result of damages, injuries, including death, relating or arising out of or incident to any act or omission by me.

Due to the current COVID-19 pandemic, I understand and agree that there are risks of harm associated with participating in the **Educational Activities**, which may give rise to death or bodily injury. While Middle Tree is engaging in proactive measures to limit the spread of COVID-19, **exposure to COVID-19 may occur and lead to sickness, hospitalization and potentially death**. I further understand and agree that there may be risks and dangers associated with COVID-19 not known or reasonably foreseeable at this time. I understand and agree that included within the scope of this waiver and release is any cause of action, arising from the performance of or the failure to perform maintenance, inspection, supervision or control of the **Educational Activities**, or the failure to warn of existing dangerous conditions associated with COVID-19 not known to or reasonably discovered by Middle Tree. I, the negligence of others, or by the negligence of Middle Tree, its trustees, officers, employees, agents, and volunteers, may cause these risks and dangers. I knowingly and voluntarily assume full responsibility for these risks arising out of or related to my participation in **Educational Activities**.

I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN MIDDLE TREE AND MYSELF. I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.

*Parent Signature (parent or legal guardian if under 18)

Date

Parent Name (Print)

STUDENT ENRICHMENT THROUGH EDUCATIONAL DEVELOPMENT (SEED) MEMBERSHIP REGISTRATION AND PLEDGE AUTHORIZATION FORM

Student Name: _____ Parent/Guardian Name: _____

Select Weeks

[Online SEED check here](#)

<input type="checkbox"/> Week 1 9/1-9/6	<input type="checkbox"/> Week 2* 9/7-9/13	<input type="checkbox"/> Week 3 9/14-9/20	<input type="checkbox"/> Week 4 9/21-9/27	<input type="checkbox"/> Week 5 9/28-10/4	<input type="checkbox"/> Week 6 10/5-10/11	<input type="checkbox"/> Week 7* 10/13-10/18	<input type="checkbox"/> Week 8 10/19-10/25
<input type="checkbox"/> Week 9 10/26-11/1	<input type="checkbox"/> Week 10 11/2-11/8	<input type="checkbox"/> Week 11* 11/9-11/15	<input type="checkbox"/> Week 12 11/16-11/22	Week 13 CLOSED	<input type="checkbox"/> Week 14 11/30-12/6	<input type="checkbox"/> Week 15 12/7-12/13	<input type="checkbox"/> Week 16 12/14-12/20

*Week includes holiday closures

Select Days and Times

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> 9:00am*	<input type="checkbox"/> 9:00am*	<input type="checkbox"/> 9:00am*	<input type="checkbox"/> 9:00am*	<input type="checkbox"/> 9:00am*	<input type="checkbox"/> 9:00am*	<input type="checkbox"/> 9:00am*
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*Available for online students only

List subject(s) below. Must include course titles for 5th grade and above.

Parent/Guardian Signature

Date

STUDENT ENRICHMENT THROUGH EDUCATIONAL DEVELOPMENT (SEED) REGISTRATION AND PLEDGE AUTHORIZATION FORM

Student Name: _____ Parent/Guardian Name: _____

I/We Pledge:

- \$35 for **one hour** a week according to this contract and agree to the following
- \$30 for **two hours** a week (per hour) according to this contract and agree to the following
- \$25 for **three hours or more** a week (per hour) according to this contract and agree to the following
- \$25 **per hour** a week (*Unlimited Members*) according to this contract and agree to the following
 - a. Pay \$75 registration/materials fee (this is a one-time fee as long as enrollment is continuous and without gaps).
 - b. Pledges are non-refundable regardless of attendance.
 - c. Student(s) is/are enrolling for consecutive months under the agreed upon pledge terms.
 - d. Pledges for the month are due at the time of registration and then on the 1st of each month thereafter.
 - e. A \$25 late fee will be assessed if payment in full is not received by the 10th, or if said payment is returned by the bank for non-sufficient funds (NSF).
 - f. A cancellation fee of the agreed upon cost per hour may be applied to appointments canceled within 24 hours of the initial appointment time.
 - g. If payment in full is not received by the 15th of each month, student(s) will not be permitted to see tutors.
 - h. All registrations are final. Cancellation of registration at any time for any reason does not alleviate the undersigned of the financial commitments outlined in this contract.
 - i. All appointments must be made at least 48 hours in advance or they will not be honored.

Please initial here: _____

PAYMENT TERMS

Account Type

Credit/Debit Card Checking/Savings Use Account Already on File

Payment Plan

Routing number _____ Account Number: _____

Visa/Mastercard/American Express

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVV Code: _____

PREFERRED PAYMENT TERMS AND CONDITIONS

Thank you for choosing Middle Tree for your supplemental education services. Please select your manner of payment from the options on the reverse side. Please also note that enrollment in the preferred payment plan does not change the terms of your contract above.

By completing this form, I authorize Middle Tree, its authorized representatives, and services provided to initiate electronic withdrawals from my designated account to make monthly payments on my contract for services. I understand that I will receive confirmation specifying the date the electronic withdrawals will begin. I understand that I will continue to make my payment until I receive this confirmation and electronic withdrawals begin. A copy of this agreement shall serve as notice. I understand that this authorization and the program services in no way alter or lessen my obligation under my existing Middle Tree contract regarding the amounts of monthly payments, when payments are due, the application of payments, the assessment of late charges, or the determination of delinquencies. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated on this authorization form. I must maintain sufficient funds in my account for withdrawal of my payment amount. I understand that I must provide Middle Tree notice of at least 10 days for any request to modify, change, or terminate participation in this program. I agree to be bound by the Programs Terms and Conditions that are stated herein.

Print Name _____ Signature _____

Date: _____