



2018-19 Membership Application

1. Complete, Print & Sign 2. Send or Submit

Last Name: _____ Father: _____ Mother: _____
 Street: _____ City: _____ Zip: _____
 e-Mail: _____ I am a New Current member
 Home Ph: _____ Cell: _____ Emergency: _____

Attending Child's Name	Date of Birth	Attending Child's Name	Date of Birth

Have any of your children ever been expelled from any public, private, parochial, homeschool, or other educational organization? **Yes** **No** If yes, please attach to this application a complete explanation. Include child's name, name of organization, date, reasons for and length of expulsion.

Agreement

I/we have read Koinonia's Mission Statement and Statement of Faith, and agree to abide by Koinonia leadership based on such.

I/we have read Koinonia's Policies page as posted on the website, regarding Parent & Student, Facility Use, Commitment, Student Behavior, Discipline Procedures, Fees & Payments, and Drop/Transfer of Classes, and agree to abide by these as well as submit to Koinonia's leadership in enforcing such policies.

I/we understand that Koinonia leadership and tutors are not responsible for my children's education. I, as well as my children, agree that we are responsible for their physical, mental, social, and spiritual well-being.

I/we understand that this membership will expire at the conclusion of this school year and that the membership fee is non-refundable.

Waiver

In consideration of my family's participation in events and activities of Koinonia, THE UNDERSIGNED HEREBY FULLY WAIVES, RELEASES, DISCHARGES, AND AGREES TO INDEMNIFY AND HOLD HARMLESS ("Release") Koinonia, and the owner of any rented facilities, and their respective officers, agents, and employees, from any and all rights, claims, liabilities, and actions for losses, damages, or injuries to property or person that may arise out of or result from use of facilities, equipment, or properties by me or my child, whether or not caused by the negligence of Koinonia, the owner of rented facilities, or their respective officers, agents, and employees.

I have read the Agreement and Waiver in its entirety, agree to and acknowledge acceptance of all its terms.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Include Membership Fee with Registration and First Tuition Payment

Membership Application Fee is \$40

Koinonia Registrar 8040 10 Mile Rd. NE Rockford, MI 49341