

Parent Agreement

To fulfill my responsibility to KAT Assoc., Inc., I agree wholeheartedly with the following statements:

- I understand KAT Assoc., Inc. is not a school, but a Christian Co-op where parent involvement and participation are required. KAT is a resource for home schooling families organized by a volunteer Parent Advisory Committee (PAC) and overseen by a volunteer Board of Directors.
- I understand, support and agree with the KAT Assoc., Inc. Statement of Faith (Biblical view).
- I have read, understand and support the KAT Assoc., Inc. Purpose Statement, Organization Description, and Participant Guidelines. I will go over these items with my child and will make sure he/she knows and obeys them.
- I have reviewed the facility at which classes will be held, and I understand that the facility has other functions and activities being held at the same time as KAT classes and is open to uninvited members of the public and passersby. I hereby assume all risks of retaining a tutor through KAT and having my children attend KAT classes at the facility, and I hereby waive any claims or rights I might otherwise have against KAT or the PAC or any of the individual Board members, officers, volunteers or agents of KAT or the PAC (the "KAT/PAC Parties") on account of any harm, damages or liability sustained by me or my children or other family members in relation to KAT classes.
- I understand that I am ultimately responsible for the safety of my child at the facility, and that neither KAT nor the PAC nor any of the KAT/PAC Parties are able to maintain constant supervision of my child during KAT activities. In particular, I understand that there is no sign-in/sign-out system and no means or intent of restricting my child from leaving the facility or requiring my child to stay in tutor classes.
- I agree to indemnify and hold harmless KAT Assoc., Inc., Board of Directors, PAC, Building Supervisor, tutors, families and/or the host facility of any claim arising out of the use of the organization, facility, or grounds by my family.
- In the event of an emergency requiring medical treatment, I hereby grant permission for my child to receive any and all required medical or dental care and, if necessary, be transported for emergency care until such time as I can be contacted. I will be responsible for any charges not covered by insurance.
- If my child is responsible for any property damage, I will reimburse the appropriate parties. If something at the host facility is damaged and no one takes responsibility for it, all participants must share equally in the compensation costs.
- I understand that KAT as an organization does not participate in any way with public school partnerships; therefore, our family agrees not to pay any KAT tutor fees using any government or partnership funds.
- I understand I am contracting with each tutor individually. A tutor is not necessarily a certified teacher. I believe it is the parent's responsibility to be aware of and approve the content of the material taught to my children during a class conducted at KAT.
- It is my job to develop a parent-tutor relationship. The KAT Assoc., Inc., Board and PAC do not supervise this relationship. I will support the tutor's authority in the classroom and will attempt to work out any conflicts with the tutor that may arise with brotherly love.
- I will serve as a volunteer monitor or closer/opener when assigned/needed on Mondays for the designated time.
- I realize to be part of the KAT program I will be asked to serve in a volunteer position from time to time.
- I will not raise funds, sell or hold meetings for groups outside of KAT classes at the KAT host facility.

Signed and agreed by: _____ Date: _____

Witness: _____ Date: _____

REGISTRATION FORM

Family Number: _____ Date: _____

Monitoring Dates: _____ Number of Students Attending KAT: _____

- Registration Fee: \$50 (Cash/Check#) _____ to be paid at registration; no refund after the 4th week of classes. The fee is used for renting of facilities and operating costs of KAT Assoc., Inc. Please make checks payable to KAT Assoc., Inc.

Parents'/Guardians' Names: _____

Street Address: _____

City: _____ Zip Code: _____

Email Address: _____ Phone: _____

Emergency Contact and Phone: _____

All KAT Assoc., Inc. correspondence will take place via email: katfamilies@gmail.com.

Below, please complete one section per student.

✍ KAT STUDENT NAME & GRADE: _____

<u>COURSE</u>	<u>TUTOR</u>	<u>PERIOD</u>

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