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August 16th

Open House

October 11th

December 6th

Last Day of Co-op

August 23rd

First Day of Co-op

October 18th

Fall Break No Co-op

December 8th

Presentation Night

August 30th

October 25th

September 6th

November 1st

September 13th

November 8th

September 20th

November 15th

September 27th

November 22nd

Thanksgiving Holiday No
Co-op

October 4th

November 29th



DISCLOSURES



Circle your primary Freedom Fellowship Co-op Campus: Greenville or White Pine

Student Name _____ Birth Date ____ / ____ / ____

School Currently Attending _____ Grade _____

Home Address _____ City _____

State _____ Zip _____

Student's Home Phone # (____) ____ - ____ Student's Cell Phone # (____) ____ - ____

Student's email _____ Family/Parent Email _____

Emergency Information

Mother's Name: _____ Home # _____

Cell/Alternate # (____) ____ - ____

Father's Name: _____ Home # _____

Cell/Alternate # (____) ____ - ____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Relationship _____

Home # (____) ____ - ____ Cell/Alternate # (____) ____ - ____

HEALTH CONCERNS (Please identify *any allergies to food, medicines, nature*, etc... Also, list all *medical conditions, medications, or health concerns*):

Family Physician: _____ Phone # (____) ____ - ____

Medical/Hospital Insurance Company: _____

Group # _____ Policy Holder's Name _____

Date of Birth ____ / ____ / ____ Policy # _____

Is there any additional information that will be helpful for us to know while your child is attending our program or any events: _____

*This authorization for Emergency Medical Treatment/Release, Liability Waiver, and Parental Consent Form, must be completed before the participant can participate in any activities.
Treatment for injury will be based on information provided herein.*

Please initial that you have read and understand this page _____ 4



HEALTH SERVICES

MEDICAL FORM FOR ADMINISTRATION OF MEDICATION AND SELF MEDICATION ADMINISTRATION

THIS FORM IS GOOD FOR UP TO ONE SCHOOL YEAR ONLY.

The following is to be completed by a licensed health care provider. No medication of any kind will be given to your child until this information is completed and returned to the school.

- All medication must be in a pharmacy-labeled container. **NOTE:** Over the counter medication prescribed by a health care provider must be brought to school in an unopened original container.
- If any changes in medication occur during the school year, a new form must be completed along with a new pharmacy-labeled container and returned to the school.
- Only one form for each medication is to be used.
- Medication must be brought to school by a responsible adult. Please do not send medication by children.
- A parent signature is required before a student can be assisted with self medication.
- Any unused medications will be destroyed at the end of the current school year if not retrieved by the parent/guardian.

TO BE COMPLETED BY PARENT:

Name of student _____ Date of Birth _____

School _____ Grade _____ Teacher _____

I hereby give consent for my child to be assisted in taking the medication described below at school. I also authorize, as needed, the sharing of information related to my child's health between the school nurse (or designee) and the health care provider listed below. I will comply with the policy listed on the back of this form related to dispensing medication at school.

Parent / Guardian Signature _____ Date _____ Home Phone _____ Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Emergency Contact (Name and Phone) _____

TO BE COMPLETED BY HEALTH CARE PROVIDER ONLY:

Diagnosis for which medication is given _____

Name of medication _____ Dosage _____

Start Date _____ Stop Date _____

Form _____ Route _____ Special Handling Instructions: ☐ refrigeration ☐ keep out of sunlight ☐ other _____

If medication is to be given daily, at what time? _____ A.M. _____ P.M.

Dates must be administered at school:

☐ Every day at school ☐ Episodic/Emergency events only ☐ Short term (list dates to be given) _____

If medication is to be given "when needed", describe symptoms student will exhibit. _____

_____ How soon can it be repeated? _____

Possible side effects and procedure to follow _____

Health Care Provider Name (**Print**) _____

Health Care Provider Signature _____ Date _____

Address _____ Zip Code _____

Phone _____ Fax _____

(School Staff Only) Completed form received on _____ By _____

Expiration Date of Medication (if available) _____ Date _____ Signature _____



No medication of any kind shall be self-administered by students, even with assistance from school nurses or other school personnel, except when medication must be given on a long term basis and/or it is necessary to affect an improvement in, or control of, a health problem during the school hours. Medications such as Tylenol, aspirin, and others over the counter (O.T.C.) medications are included in these regulations. Any student who is required to take medication during the regular school hours must comply with the medication policy.

These regulations must include the following:

1. The school has the final decision-making authority with respect to the administration of medications and to reject requests for administering medications.
2. Written orders must be provided by a medical health care provider who has the legal right to write a prescription. The order must include the name of the drug, dosage, frequency or time interval, route or method of administration, the time to be administered, route of administration, possible side effects, and method of storage.
3. One medication per form is allowed on the Physician Form and the form(s) must be renewed each school year. If the prescribed medication order is changed during the school year, a new authorization (Physician's Form) is required. Both the medical health care provider and parent/guardian must sign the form.
4. A parent/guardian signature is required on the Physician Form for Administration of Self-Medication before a student can be assisted with self-medication.
5. All medications, whether prescription or over-the-counter, must be brought to the school by a responsible adult (parent/guardian). Students may not carry medications of any kind on their person with the exception of asthma inhalers, Epi-Pens (anaphylaxis medications) or insulin delivery systems with written permission from a parent and authorization by a medical health care provider. Failure to properly register medication shall lead to a presumption that any such medication is not lawfully in the possession of the student.
6. All medications must be in appropriate containers which are properly labeled by a medical care provider or pharmacy. The prescription bottle must be the latest one filled by the pharmacy or medical care provider. Any over-the-counter (OTC) medication prescribed for a student must be provided in its original unopened, unexpired container with the original label and has the student's name written on the medication container.
7. Upon receiving the medication at school, the quantity of medication received must be confirmed and documented. A secure location must be provided for the storage of medications.
8. All medications self-administered must be documented on the Medication Administration Record. Medication records will be kept in the student's cumulative record when completed.
9. School Nurses will monitor the administration, documentation, and storage of all medications on a regular basis.
10. The parent/guardian is responsible for picking up any unused medication at the end of the treatment or at the end of the school year. Any medications not picked up shall be destroyed as per Freedom Christian Academy policy.

Signature of Parent or Guardian **Date**
 (If Participant is under 18 years of age)

Signature of Participant **Date**

Printed Name of Parent or Guardian **Date**

Printed Name of Participant **Date**



**Waiver & Parental Consent Form
Emergency Medical Release and Liability Waiver**

DISCLAIMER

Freedom Christian Academy & Freedom Fellowship and its teachers, leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives (collectively referred to as "Freedom Christian Academy, Freedom Fellowship, FCA and/or FF"), are not responsible for any and all accidents, injuries, sicknesses/illnesses, death, losses, damages or expenses of any kind whatsoever sustained by any person or their property while participating in events, activities, or travel with Freedom Fellowship & Freedom Christian Academy and all related activities associated with Freedom Fellowship & Freedom Christian Academy, including accident, injury, sickness/illness, death, loss, damage or expense.

ASSUMPTION OF RISKS

IN CONSIDERATION OF Freedom Fellowship & Freedom Christian Academy allowing me or my child to participate in events, activities, or travel with FF/FCA and all related activities associated with the FF/FCA, including participation in the Co-op, Children's Ministry and Youth Ministry, from **December 1st, 2022 through December 31st, 2024** inclusive, and all activities related to the Youth Ministry, Children's Ministry, and Co-op (collectively referred to as the "Activities"), I acknowledge that I am aware of the possible Risks, Dangers, and Hazards associated with participation in the Activities including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY AND AGREEMENT

IN CONSIDERATION OF Freedom Fellowship & Freedom Christian Academy allowing me or my child to participate in the Activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to myself, my next of kin, my child's, or any third parties participation in the Activities.
2. **TO WAIVE and RELEASED FREEDOM FELLOWSHIP & FREEDOM CHRISTIAN ACADEMY** from any and all liability for any and all accidents, injuries, sicknesses/illnesses, death, losses, damages, or expenses that myself, my next of kin, my child may suffer, or any third parties may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS FREEDOM FELLOWSHIP & FREEDOM CHRISTIAN ACADEMY** from any and all liability for any damage to the personal property of, or any and all personal injuries, sickness/illness, death, loss, damage, or expenses to myself, my next of kin, my child, or any third party resulting from mine, my child's, my next of kin, or any third parties participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS FREEDOM FELLOWSHIP & FREEDOM CHRISTIAN ACADEMY** from any and all claims, demands, actions, and costs for any accident, injury, sickness/illness, death, loss, damage, or expense whatsoever that might arise out of myself, my next of kin, my child's, or any third parties participation in the activities.

YOUTH MINISTRY, FREEDOM CHRISTIAN ACADEMY CO-OP & CHILDREN'S MINISTRY PARTICIPATION CONSENT

Acknowledgement of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the Co-op, Children's Ministry and Youth Ministry, and to obey requests to comply with safety regulations and directed by the persons in charge of the Co-op, Children's Ministry and Youth Ministry, including designated teachers, leaders and drivers of the private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from Co-op, Children's Ministry and Youth Ministry activities. At all Co-op, Children's Ministry and Youth Ministry sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings, or sports events of the Co-op, Children's Ministry or Youth Ministry or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes Freedom Fellowship & Freedom Christian Academy deems necessary. I also understand and waive, release, and indemnify to hold harmless Freedom Christian Academy and Freedom Fellowship as well as their teachers, leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives from any liability and any and all claims, demands, actions, costs, or compensation for use of mine, my child's or families photography, video, or likeness on any platform the Academy chooses to use it or deems necessary.

Acknowledgement of Parent or Guardian of Participant:

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the Co-op, Children's Ministry and Youth Ministry, including any use of private or public transportation deemed necessary by the persons in charge of the Co-op, Children's Ministry or Youth Ministry for Participant travel to and from Co-op, Children's Ministry and Youth Ministry activities, or to the NEAREST SUITABLE MEDICAL OR HOSPITAL FACILITY in the event that an emergency or other medical treatment is not available at the site of a Co-op, Children's Ministry or Youth Ministry activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, sickness/illness, death, loss, or damage during the activities of the Co-op, Children's Ministry and Youth Ministry. I also understand that I, my child, and/or my family may be photographed or appear in video for such purposes Freedom Fellowship & Freedom Christian Academy deems necessary. I also understand and waive, release, and indemnify to hold harmless Freedom Christian Academy and Freedom Fellowship as well as their teachers, leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives from any liability and any and all claims, demands, actions, costs, or compensation for use of mine, my child's or families photography, video, or likeness on any platform the Academy chooses to use it or deems necessary.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgement shall be effective from and including December 1st 2022, to and including through December 31st, 2024. This authorization for Emergency Medical Treatment/Release, Liability Waiver, and Parental Consent Form, must be completed before the participant can participate in any activities. Treatment for injury will be based on information provided herein.

Please initial that you have read and understand this page _____7



**Waiver & Parental Consent Form
Emergency Medical Release and Liability Waiver**

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SIGNATURES

Signature of Parent or Guardian Date
(If Participant is under 18 years of age)

Signature of Participant Date

Printed Name of Parent or Guardian Date

Printed Name of Participant Date



Circle your primary Freedom Fellowship Co-op Campus: **Greeneville** or **White Pine**

Adult _____ Birth Date ____ / ____ / ____

Home Address _____ City _____

State _____ Zip _____

Home Phone # (____) ____ - ____ Cell Phone # (____) ____ - ____

Email _____ Employment _____

Employer's Address _____

Employer's Phone _____

Emergency Information

Emergency Contact 1: _____ Home # _____

Cell/Alternate # (____) ____ - ____

Emergency Contact 2: _____ Home # _____

Cell/Alternate # (____) ____ - ____

HEALTH CONCERNS (Please identify *any allergies to food, medicines, nature*, etc... Also, list all *medical conditions, medications, or health concerns*):

List Any Medicines (Please identify *any medicines you take for medical reference*):

Family Physician: _____ Phone # (____) ____ - ____

Medical/Hospital Insurance Company: _____

Group # _____ Policy Holder's Name _____

Date of Birth ____ / ____ / ____ Policy # _____

Is there any additional information that will be helpful for us to know while you are attending our program or any events: _____

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Waiver & Consent Form (Adult)
Emergency Medical Release and Liability Waiver

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ASSUMPTION OF RISKS

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2. **TO WAIVE and RELEASED FREEDOM FELLOWSHIP & FREEDOM CHRISTIAN ACADEMY** from any and all liability for any and all accidents, injuries, sicknesses/illnesses, death, losses, damages, or expenses that myself, my next of kin, my child may suffer, or any third parties may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS FREEDOM FELLOWSHIP & FREEDOM CHRISTIAN ACADEMY** from any and all liability for any damage to the personal property of, or any and all personal injuries, sickness/illness, death, loss, damage, or expenses to myself, my next of kin, my child, or any third party resulting from mine, my child's, my next of kin, or any third parties participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS FREEDOM FELLOWSHIP & FREEDOM CHRISTIAN ACADEMY** from any and all claims, demands, actions, and costs for any accident, injury, sickness/illness, death, loss, damage, or expense whatsoever that might arise out of myself, my next of kin, my child's, or any third parties participation in the activities.

YOUTH MINISTRY, FREEDOM CHRISTIAN ACADEMY CO-OP & CHILDREN'S MINISTRY PARTICIPATION CONSENT

Acknowledgement of Participant:

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**Waiver & Consent Form (Adult)
Emergency Medical Release and Liability Waiver**

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SIGNATURES

Signature of Adult Participant Date

Signature of Adult Participant Date

Printed Name of Adult Participant Date

Printed Name of Adult Participant Date



Parent Contract

This form is to be read very carefully by parents. There will be a more complete explanation of these rules in the Co-op Handbook & Policies document. This should be read by each family.

I. COOPERATIVE "VOLUNTEER" REQUIREMENTS

Every registered family is required to fulfill an Adult Cooperative ("Volunteer") Commitment each semester, **Please read Volunteer Contract form.**

II. FINANCIAL RESPONSIBILITIES

1. Tuition for Freedom Christian Academy is based on a monthly payment schedule and consists of **16** weeks per semester including Open House and Presentation Night, due and payable on the **FIRST Friday** of August (**or by Open House**), September, October, November, January, February, March and April, as applicable. Should tuition not be paid at that time, a **\$5.00 late fee per student, per class, per week** must be paid with regular tuition payments. Your tuition and total cost will be completely contingent on the number of courses you have decided to register your children/students for.
2. During semester registration all Co-op registration/class material fees/ first months' tuition/ extra study hall/insurance/building supply fees are to be paid. Once membership is requested, the **registration fee** and **all supply fees** are due immediately and are non-refundable. Once an enrollment is submitted for a course the **class fee** is also due immediately.
3. The entire tuition for the semester is owed to the teacher **unless you drop the class(es) by the end of the second class. This is our drop deadline. Regardless of when you drop the course, all prepaid fees, tuition, and supply fees for the course are non refundable and non transferable at that time. If you prepaid for the course entirely, then the second, third, and fourth month's tuition will be applied towards another course. If you choose to switch classes, you will need to pay the new instructor for their first month and supply fees, as we will not refund or credit prepaid monies that have already been allotted to pay for the original instructor. Again, if you drop after the withdrawal date, the entire tuition is due to the teacher.** Classes missed due to illness, Freedom Christian Academy will not be discounted in any manner. The only exceptions to the above statement must be approved by the Freedom Christian Academy Director and/or Freedom Fellowship Elder Board.
4. **Should a class be dropped after the withdrawal deadline (by the end of the second class) trial period, all tuition associated with the class is still owed to the teacher for the entire semester. Once registration has been processed, all pre-paid monies are non-refundable.**
5. **Should payment of tuition fall behind more than one month, your child will not be allowed to attend classes. Unless arrangements have been made with Freedom Christian Academy Director and/or Freedom Fellowship Elder Board, tuition and related late fees must be brought current for student(s) to return to class.**
6. **Parents will be held financially responsible for any damages caused by their child/ren to the building, grounds, or equipment.**
7. Class instructors will be the direct recipients of their class fee and class supply fee, unless they have opted to reserve, donate, or withhold their fees for scholarship purposes or in support of the co-op supply cost, maintenance needs or any other financial needs deemed necessary per their own discretion. The academy will use co-op registration fees and co-op supply fee to cover the cost of any needed office supplies and/or expenses the co-op has accrued including but not limited to website fees, insurance, maintenance, and any other financial need deemed necessary by the director(s) or elder board, for the success of the students, teachers, and academy.

Freedom Christian Academy Co-op is Christian based and staffed. Christian material is covered in classes, giving the freedom for teachers & staff to discuss their faith with Freedom Christian Academy students.



Volunteer Hour Agreement

Policies

- 1) Sign up for **ALL** mandatory volunteer hours through the volunteer coordinator **BEFORE** the semester begins. **Students may not begin classes until the parent has signed up for all required hours.** Sign-ups will be made available prior to courses beginning. You will receive notification by email. As of now, our required hours to volunteer and serve are 14. This number depends on the number of families registered and the number of hours needed so it could change.
- 2) If you are unable to work some/any of the volunteer hours, then the hours can be paid out at \$10 an hour. **All hours need to be paid by the first day of classes.** The money is collected upfront in order to pay someone else to serve those hours. Please pay this money on Orientation day and let the volunteer coordinator know that you are doing this. **Students may not begin classes until the parent has paid.**
- 3) If you are going to be absent from a scheduled shift, you should
 - a) make arrangements to switch with someone and then let the volunteer coordinator know.
 - b) find someone to cover your shift(s) at the rate of \$10 per hour and let the volunteer coordinator know. Please make every effort to pay this person the day of if possible. (You will still be credited that volunteer time and will not have to serve any additional hours.)
- 4) Repetitive tardiness will lead to docked minutes and/or payment to the person serving your shift. Please be mindful of the time of others.

Procedures

- 1) Please arrive a few minutes early.
- 2) Sign in when you arrive to ensure you are credited for your time.
- 3) Please be in position on time.
- 4) Please be attentive to the students and the task at-hand and not overly socializing with other parents or on your phone excessively.
- 5) A sign up area for volunteers will be posted soon. You will be given the link to the document at the beginning of each semester. Use this link all semester. More information about this link will be coming soon. Also, joining the co-op's private Facebook group is another great way to reach out to other members and keep up-to-date. You can also find this information on the co-op's website.
- 6) The job stations and responsibilities for each will be available soon.

STATEMENT OF FAITH



GOD

We believe there is one true and holy God. He has eternally existed in three persons...the Father, the Son, and the Holy Spirit...each of whom is co-equal, all of whom together are one God. God is the Creator and Ruler of the universe. In the beginning, God created out of nothing the world and all the things in it, manifesting the glory of His power, wisdom and goodness. By His sovereign power He continues to sustain creation. By His providence He is operating through history to fulfill His redemptive purposes.

Genesis 1:1, 26-27, 3:22 Psalm 90:2 Matthew 28:19 | Peter 1:2

JESUS CHRIST

Jesus Christ is the Son of God and is co-equal with the Father and the Holy Spirit. He united himself forever with true human nature through a miraculous conception and virgin birth. He lived a perfect, sinless life of obedience to the Father. He voluntarily atoned for the sins of all people by dying on the cross as their substitute. After three days, He arose from the dead demonstrating His power over sin and death. Through His sacrifice and resurrection, He satisfied divine justice and accomplished salvation for all who trust in Him alone. After His resurrection, He ascended into Heaven where He sits at the right hand of the Father as the only mediator between God and man, continually making intercession for His own. He will come to earth again, personally and visibly, to consummate history and the eternal plan of God.

Isaiah 9:6 Matthew 1:22-23 John 1:1-5, 14:10-30 Acts 1:9-11 Romans 1:3-4 | Corinthians 15:3-4 | Timothy 6:14-15 Titus 2:13 Hebrews 4:14-15

HOLY SPIRIT

The Holy Spirit is co-equal with the Father and the Son, Jesus Christ. He existed before the world was created. The Holy Spirit is just as much God, as God the Father, and God the Son. He is eternal. He has all powerful. He is everywhere at the same time and knows/understands everything. He was sent by Jesus to help to teach us and remind us what Jesus taught. The Holy Spirit has a unique role in the world, and especially in salvation. Holy Spirit draws people to God. John 16:8 Holy Spirit reveals truth. Holy Spirit gives spiritual gifts.

Hebrews 9:14 Luke 1:35 Psalm 139:7-11 Cor. 12:13 Cor. 2:10-11 John 14:26 John 16:16



SALVATION

Originally created to have fellowship with God, man defied Him, choosing to go his own independent way. Man was therefore alienated from God and suffered the corruption of his nature, rendering him unable to please God. The fall took place at the beginning of human history and all individuals since have suffered these consequences and are in need of the saving grace of God. The salvation of mankind is, then, wholly a work of God's free grace, not the result – in whole or in part – of human works of goodness. Salvation must be personally received through repentance and faith. We can never make up for our sin by self-improvement or good works. Only by trusting in Jesus Christ as God's offer of forgiveness can anyone be saved from sin's penalty. We are saved and eternal life begins the moment we receive Jesus Christ into our life by faith.

John 1:12, 14:6 Romans 5:1 Romans 6:23 Galatians 3:26 Ephesians 2:8-9 Titus 3:5

ETERNITY

People were created to exist forever. Death seals the eternal destiny of each person. For all mankind, there will be a resurrection of the body into the spiritual world and a judgment that will determine the fate of each individual. We will either exist eternally separated from God by sin or eternally with God through forgiveness and salvation. To be eternally separated from God is Hell. To be eternally in union with Him is Heaven. Heaven and Hell are real places of eternal existence.

John 3:16 John 14:17 Romans 6:23, 8:17-18 I Corinthians 2:7-9 Revelation 20:15

ETERNAL SECURITY

Because God gives us eternal life through Jesus Christ, the true believer is secure in that salvation for eternity. If you have been genuinely saved, you cannot lose it. Salvation is maintained by the grace and power of God, not by the self-effort of the Christian. It is the grace and keeping power of God that gives us this security.

John 10:29 Romans 8:38-39 Ephesians 1:13b-14 I Timothy 1:12 Hebrews 7:25, 19:9-10, 14 I Peter 1:3-5



THE CHURCH

When we come into a personal relationship with Christ, all believers become members of His body – the church. There is one true, universal church comprised of all those who acknowledge Jesus Christ as Savior and Lord. The Scripture commands believers to gather together to devote themselves to worship, prayer, teaching of the Word, observance of baptism and the Lord's Supper as the sacramental ordinances established by Jesus Christ, fellowship, service to the body through the development and use of talents and gifts, and outreach to the world. Wherever God's people meet regularly in obedience to this command, there is a local expression of the church. Under the watch-care of elders and other supportive leadership, its members are to work together in love and unity, intent on the one ultimate purpose of glorifying Christ.

Matthew 16:18 Acts 2:42-47 Acts 20:28 Romans 12:4-5I Corinthians 6:15, 17 Ephesians 5:23, 30 Colossians 1:24

BAPTISM

Baptism is an outward expression or symbol of an inward change that has occurred in the life of the believer. It is identification with Christ by picturing His death, burial and resurrection. It is the first command a new Christian is given from Jesus.

Matthew 3:6...Mark 1:9...Acts 8:38

COMMUNION

Communion is a symbolic act of obedience for the believer that celebrates and remembers the death and anticipated return of Jesus through the partaking of the bread and the fruit of the vine

Matthew 26:26-29 Luke 22:14-20

FAITH AND PRACTICE

Scripture is the final authority in all matters of faith and practice. The church recognizes that it cannot bind the conscience of individual members in areas where Scripture is silent. Rather, each believer is to be led in those areas by the Lord, to whom he or she alone is ultimately responsible.

MARRIAGE & FAMILY

POLICIES PROCEDURES & FAMILY CONTRACTS



STUDENT CONDUCT & BEHAVIOR

While on campus Students must:

- Show appropriate respect to all teachers, volunteers, facility staff, and other students.
- Comply with the published policies, procedures, and family guidelines found in the Co-op Handbook.
- Abide by Dress Code guidelines:
 - No offensive text/graphics on clothing.
 - No exposed underwear, midriff, or cleavage.
 - Shorts, skirts, and dresses must be no shorter than 3" above the knee.
 - Leggings may be worn, but only with a paired top, which covers all midriff, chest, and backside areas.
 - All shirts (boys & girls) must have sleeves.
 - The director(s) and elder board reserves the right to determine unacceptable dress.
- Remain in the building during school hours unless otherwise directed by Freedom Christian Academy Director/Teachers/Staff.
- Students should keep their hands and feet to themselves and refrain from public displays of affection, while on campus or at associated events and activities.
- Comply with all guidelines/rules of the facility we are using. Any and all damages will become the financial responsibility of each family.
- Disciplinary action will be taken at the discretion of the co-op leadership and/or the elder board for any type of in-person bullying or cyberbullying.
- No visitors are allowed to accompany students to classes without the director's approval.

Parents are expected to impress upon their students the need for compliance with Freedom Fellowship & Freedom Christian Academy Co-op behavioral rules and guidelines. In the event of violations, parents will be contacted and expected to expeditiously remove their students for correction and parental counseling. If needed, the director(s) and/or elder board will follow our student discipline guidelines.

HOMEWORK RESPONSIBILITIES

- Enrichment and/or elective classes will offer limited homework and only serve to enhance the family's home schooling experience. Course grades are not generally given for courses, unless requested by the parents. Requested grades will be for class participation only. Students enrolled in Academic classes will most likely have weekly assignments/projects. These assignments should be a priority for the student because it hinders the entire class if the student doesn't complete their assignments. If a teacher feels that assignments are not being done, and that the student's lack of preparation is a hindrance to the class, we reserve the right to ask the child to withdraw from the class for the rest of the semester. Grades will be emailed at semester end to our email on record.



STUDENT'S TRANSPORTATION SAFETY & SUPERVISION

- Freedom Christian Academy's Co-op's last class ends at 3:45 pm, and children need to be picked up promptly at that time unless it is otherwise arranged with the co-op director that the students will be participating in an after school or tutoring program.
- Each family should follow all guidelines for drop off and pickup as clarified in the Freedom Christian Academy Handbook and Policy Document.
- Should a change need to be made to your child's transportation for the day or semester, you must contact the Freedom Christian Academy director(s) directly with a phone call as well as written documentation.
- You must come into the building and check your child out each day with your membership card(s) as well as your presenting your family identification transportation tag. Failure to do so could result in your dismissal from Freedom Christian Academy.

Please list any and all individuals who are allowed to transport or pickup your child/ren from Freedom Christian Academy at the end of the school day:

Name of Individual Picking up Child	Relation	Make and Model of Vehicle	Year of Vehicle	Phone

If your child is old enough to drive themselves, please specify that below as well as include the make, model and year of their car. Students who drive will still need to check out each day with the person at the front desk. Failure to do so could result in your dismissal from Freedom Christian Academy.

Yes, my child _____ is old enough to drive and may drive themselves to and from school daily.

Make of Vehicle	Model of Vehicle	Year of Vehicle

FINANCIAL RESPONSIBILITIES



HANDBOOK AND FAMILY AGREEMENT

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, A LEGAL PARENT OR GUARDIAN MUST SIGN BELOW.

- I certify that I am the participant's parent or legal guardian.
- Participant has my full consent and permission without reservation to participate in the activities according to each of the terms contained in this agreement.
- I certify that I have carefully read and understand that I agree to be bound by each of the terms contained in this agreement with respect to any claims that I and/or the Participant may have.
- I represent and certify that I have the legal capacity and authority to act for and on behalf of the minor in the execution of this agreement.

I certify that I have carefully read the above handbook and family, parent(s), & student(s) contact and agreements and agree to be bound to each of its terms. I understand that I have committed and agreed to adhere, follow, and maintain all which has been stated, addressed, and assigned within the handbook and family, parent(s), & student(s) contract including the student conduct & behavior, volunteer requirements, student's transportation, safety & supervision, homework responsibilities, financial requirements, statement of faith, parent contract, and all disclosures including the medical, liability waiver, release, and indemnification for all adults and behalf of all minor students to whom these agreements pertain and are assigned to.

I acknowledge that I have given up substantial rights by entering into this agreement, and that I do so voluntarily.

I understand that parts of this agreement legally prevent me or any other person from filing a lawsuit or making any other legal claim from dangers in the event of myself, my child's, my next of kin's, or any third parties injury, death, or any known and unknown risks resulting from myself, my child's, my next of kin's, or any third parties participation with Freedom Fellowship and Freedom Christian Academy.

By signing this I make a legal declaration that ALL legal guardians and/or legal parents of each child I am enrolling have no objections for my child to be enrolled in Freedom Christian Academy and to attend any and all events and activities associated with the Academy.

I understand that failure to keep any part of this contract would result in my and my child's withdrawal from classes, my family from the membership page(s) of Freedom Christian Academy, and that all fees are nonrefundable at that time.

Lastly, I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, personal representatives, administrators, next of kin, successors and all other assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

