



Enriching the home-school family by providing a quality program grounded in a biblical worldview.

Olive Tree K-5 Application for Enrollment
For School Year: 2024-2025 Make sure student's grade level matches school year

Note: Students are placed in grades according to age level, not grade level of schoolwork they are doing. Kinder cutoff is 5yrs. by Sept. 1st. Olive Tree reserves the right to place younger Kinders at our discretion.

Student Name: _____ Age: _____ Grade _____ Bdate: _____

Student Name: _____ Age: _____ Grade _____ Bdate: _____

Student Name: _____ Age: _____ Grade _____ Bdate: _____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Father's Name: _____

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

E-mail Address: _____

Please note: Olive Tree communicates mainly via email, please check regularly!
You will be notified of acceptance via email.

Church you attend: _____ Pastor: _____

School History: _____

Does your student have any special needs? _____

Registration and Tuition Information:

OliveTree is a non-profit home-school support program. We are dedicated to bringing the student a quality experience at the lowest possible cost to families. As a 501c3 non-profit, you may make a tax-deductible donation to OliveTree. Just write GIFT on the memo line of your check. You will receive a tax receipt.

Registration Fee of \$139 per family, per year is due at the time of enrollment. Registration fee is non-refundable. If class is full your Registration Fee will be returned. Class size is limited. Classes are filled on a first come, first served basis. Only Enrollment Forms with the Registration Fee will be accepted.

Make Checks payable to: OliveTree - Send Application, Waiver, and Registration Fee to:
OliveTree c/o Ron & Barbara Frasco, 2912 Rocky Mountain. Ct., Ft. Collins, CO. 80526

Tuition is \$279.00 per student, per 15 week semester. There are 2 semesters in the school year. Tuition is due on or before the first day of classes for the 1st and 2nd semester. Tuition can be paid in 3 equal payments.

I have read the Statement of Faith in the Participation Agreement and acknowledge that Olive Tree Board Members and Teachers operate in accord with this statement. Additionally, I agree that OliveTree will teach my student in accordance with this statement of faith.

Parent Signature _____

Please submit Application, Waiver of Liability, and Registration Fee to enroll. Thank You!



Olive Tree Homeschool Enrichment Program

Waiver of Liability & Emergency Medical Authorization & Photo Release

HEALTH AND ACCIDENT

I, the parent of (list ALL students) _____

release the faculty and staff of the Olive Tree Homeschool Enrichment Program (the "Program") from liability for damages or injuries resulting from my students participation in all normal Program activities. Safety rules are an important part of leaning in any environment, and I understand that every effort will be made to teach my student the rules of safe conduct while he/she is attending the Program. I will not hold the faculty or staff or the Program or Summitview Community Church responsible, either jointly or severally, for injuries that result from my students direct disobedience of prescribed safety rules.

DISCIPLINE

I understand that the purpose of attendance at the Program is to teach or enrich my student academically. I understand that if my student is disruptive during classes, the other students are unable to benefit from instruction. The Faculty and/or Staff may find it necessary to notify me that my student should be sent home if this situation occurs. If disruptive behavior continues, the Faculty and/or Staff may require expulsion of my student from the class(es) he/she may be enrolled in at that time. I understand that if expulsion is required, program fees will be prorated from the day my student was expelled with the remaining balance returned to me within 30 days following expulsion. Registration fees will be forfeited if expulsion occurs.

EMERGENCIES

In case of an emergency, I understand that every effort will be made to contact you and/or the persons below. However, if you/they cannot be contacted, I hereby authorize a faculty or Staff member of the Program and/or a physician selected by the faculty or staff member, to secure an indicated treatment, including hospitalization, to safeguard the welfare of my student. I will accept responsibility for all expenses incurred in such treatment.

PHOTO RELEASE

Please be advised that your child/children may be photographed or videotaped for use in OliveTree's slideshows, website, Facebook, events or email publications.

In case of an Emergency, please contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Treatment Information:

Do you have Health Insurance Carrier? Yes ___ No ___

Carrier Name: _____ Policy # _____

Family Doctor/Pediatrician: _____

Phone and address: _____

Known Allergies: _____

Individuals (other than parents) Authorized to Pick-Up my/our Child(ren):

Name: _____ Phone: _____ Relationship: _____

I understand and agree to the policies, provisions, waivers and photo release above:

Parent Signature: _____ Date: _____