



The Master's Study

Application for Admission

Parent or Guardian Information	Father's Name _____	
	Mother's Name _____	
	Mailing Address _____	
	City, State, Zip _____	
	Mother's Contact Info	Father's Contact Info
	Home Phone _____	Work Phone _____
	<input type="checkbox"/> Leave Voice Mail / Message	<input type="checkbox"/> Leave Voice Mail / Message
	Cell _____	Cell _____
	<input type="checkbox"/> Text Messaging Enabled	<input type="checkbox"/> Text Messaging Enabled
	E-mail _____	E-mail _____
<p>Primary E-mail Address <i>The Master's Study uses e-mail for all key communications.</i> Please confirm the email account you will be checking regularly by writing it here:</p>		

Student Information	Name <i>First M. Last</i>	Birth Date <i>01/23/2001</i>	Gender <i>M / F</i>	Grade Anticipated in Fall

If you are registering a new kindergartner...

Please read through the Kindergarten Readiness Checklist AND discuss your child's readiness for kindergarten with a TMS Lower Grammar or PreK staff member.

For Administrative Use Only	Date Received _____	Placement Date _____	<input type="checkbox"/> Copy to Accounting <input type="checkbox"/> Deposit Received Amount: _____
<input type="checkbox"/> Returning Family <input type="checkbox"/> Staff Family <input type="checkbox"/> New Family Interview	<input type="checkbox"/> Previously Wait Listed <input type="checkbox"/> Students Placed <input type="checkbox"/> Wait Listed	<input type="checkbox"/> Bravelo Account	Placement Notes: _____



Liability Release

The undersigned, being both of the parents/guardians of the child(ren) enrolled in courses with The Master's Study hereby acknowledge that the child(ren) will be participating in educational and recreational programs that involve physical activity and interaction with other children. The undersigned acknowledge that their child(ren) is physically able to participate in school activities requiring physical effort and that the child(ren) has no restrictions on physical activities other than the following:

Student Name	Restrictions

The undersign recognize that photographs and/or video of students may be obtained during the course of a normal TMS day, TMS special event, or TMS performance. TMS reserves the right to use such images within the TMS community in formats such as printed material and intra-net publications, as well as public venues, including but not limited to printed materials, the public internet site, and other media. The Master's Study will not identify any student without express permission from the parent(s).

The undersigned hereby release The Master's Study, its agents, directors, members, officers successors, and assigns from any and all claims, losses or damages that might arise from their child(ren)'s and their own participation in The Master's Study. The undersigned agree that The Master's Study will not be responsible for injuries, losses, damages or claims incurred whether on the premises from which The Master's Study operates or otherwise, incurred from the use of The Master's Study property or apparatus, or incurred while participating in The Master's Study activities. This release shall be interpreted broadly and include losses, claims, injuries or damages relating to person, personal property, tangible property or intangible property.

Parent Name (print)

Parent Signature

Date

Parent Name (print)

Parent Signature

Date



Medical Information
(Please print one page per student)

Student Information	Student's Name _____		Date of Birth _____	
	Parent Name(s) _____			
	Mother's Urgent Contact Info		Father's Urgent Contact Info	
	Home Phone _____		Work Phone _____	
	<input type="checkbox"/> Leave Voice Mail / Message		<input type="checkbox"/> Leave Voice Mail / Message	
	Cell _____		Cell _____	
	<input type="checkbox"/> Text Messaging Enabled		<input type="checkbox"/> Text Messaging Enabled	

Important Health Information	Is the student allergic to:	<input type="checkbox"/> Peanuts / tree nuts	<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Medications (Please list)
		<input type="checkbox"/> Shellfish	<input type="checkbox"/> Poison Ivy	
		<input type="checkbox"/> Dairy	<input type="checkbox"/> Laytex / Rubber	
	Does the Student carry an Epi Pen to address any allergy issues? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Gluten	<input type="checkbox"/> Other Environmental (Please List)	
		<input type="checkbox"/> Other Foods (Please list)		
	Other Important Medical Information or Instructions:	Physician Name _____		
		Phone # _____		
		Hospital Preference _____		

Medicinal Release

The undersigned hereby authorize The Master's Study to administer the following over-the-counter medicines as directed using the child's age and weight. *No administration will occur to a child under the age of 12 without verbal parental consent at the time of administration.*

- YES NO Benadryl (*Diphenhydramine*)
- YES NO Tylenol (*Acetaminophen*)
- YES NO Motrin (*Ibuprofen*)
- YES NO TUMS (*chewable anti-acid*)

Parent Name (Print) Parent Signature Date

Parent Name (Print) Parent Signature Date



Emergency Contact Information

	Name	Home Number	Work Number	Cell Number
Nearest Relative				
Friend				
Friend				

Permission to Pick Up

The following people have permission to pick my child up from The Master's Study and any TMS related event:

Name / Relationship <i>* Please print the name as it would appear on a valid ID</i>	Quick Contact Phone Number <i>(we suggest an available cell number)</i>
<i>/father or guardian</i>	
<i>/mother or guardian</i>	

Parent Name (Print)

Parent Signature

Date

Parent Name (Print)

Parent Signature

Date



Affirmations of Financial Obligation

I will maintain integrity in all of my dealings with The Master’s Study (TMS), which includes the assumption of responsibility for all financial obligations for my/our child(ren) according to the Fee Schedule. The following guidelines should be reviewed before committing financially to The Master’s Study:

- Families registering their students for the following school year with past due invoices will see their registration fee applied to their past due accounts. Registration will not be processed until the account balance is settled and registration fees are remitted.
- Registration fees are non-refundable.
- Families are solely responsible for the acquisition of all required texts and tools unless otherwise specifically noted by TMS.
- In an effort to keep costs down, LG students will be assigned a general supplies list; these supplies will be used in a cooperative fashion throughout the LG school
- Families will be asked, from time to time, to contribute to class supply needs. Such contributions are, indeed, voluntary. However, this approach of “contribution by election” is a key element to keeping tuition costs down. All families are thanked in advanced for their effort.
- TMS will invoice families on a monthly basis beginning on or about the 20th of August each academic year. These invoices will be sent to the email identified as the primary email address for TMS communication. Payment is due upon receipt and remittance is expected at the first of the month. As a courtesy the invoice will show both the amount due at the time of invoicing as well as the remaining balance for the year.
- All payments should be made to The Master’s Study or TMS in the form of a check. No cash will be accepted. Remittance can be mailed to *The Master’s Study, 2606 West 96th Street, Indianapolis, IN 46268*. Please DO NOT place the College Park Church name on your enveloped or if using online banking services to prevent lost or misdirected checks.
- Should a family electively withdraw a child(ren) for any reason, voluntarily or involuntarily, they are committed to paying the remaining balance of the invoice (hardship exceptions will be considered on a case-by-case basis).

I acknowledge I have read the above information:

Parent Name (Print)

Parent Signature

Date

Parent Name (Print)

Parent Signature

Date



Volunteerism and Parent Interests

While The Master's Study has paid staff to tutor your child(ren), we could not function without the help of many volunteers. Volunteerism is key to the preservation of safe adult/student ratios during peak student business hours, including lunch time, lunch recess, and dismissal. In addition, volunteers allow us to be better stewards of the space allotted to us on TMS school days, to bless our teachers with supervision of their tiny ones and help in the classroom, and assist with special event days. In that, the following assumptions should be made:

- I understand that TMS seeks a spirit of volunteerism from her families 5-6 times per academic year.
- I understand areas of volunteerism include, but are not limited to: assisting with the supervision of children in a classroom setting (primarily preschool), supervision of children during the lunch or recess hour, assistance with the basic cleaning & set up of classrooms, help in the staff nursery, and assisting with special events set up, tear down, &/or organization.
- I understand that TMS seeks the muscles of our men and asks fathers and/or grandfathers to volunteer for a period of 90 minutes as "Manpower for the Lunch Hour" once during the academic year.
- I understand that I will be given the opportunity to preference my volunteer services and dates during the Parent Orientation Day prior to the beginning of the school year.

Please list below any talents, experience, expertise, skills, hobbies, or areas of interest that you and your spouse have to help TMS identify future volunteer/staff resources for classes, events, fundraisers, etc.

Father's Interests:
Mother's Interests:



Final Application Checklist & Instructions

Please step through the following checklist before submitting your application:

- Application complete (total of 5 pages) PLUS
- 1 copy of the Health Information and Consent sheet PER CHILD
 - For Kindergartners: Kindergarten Readiness checklist reviewed
 - For Kindergartners: a Kindergarten Readiness conversation and assessment has occurred
- TMS Parent / Student / Teacher Expectations have been reviewed (*)

* These are available on-line at www.TheMastersStudy.org

✉ Mail your completed Application to:

The Master's Study
2606 West 96th Street
Indianapolis, IN 46268

Registration fees should be included with a completed application. NOTE: Your child(ren) will be officially enrolled ONLY when the registration fee for each child has been received. Please make checks payable to:

The Master's Study

Please remit payment in check form only – no cash, please.

New families must additionally participate in a phone interview before acceptance into The Master's Study. Appointments for those interviews will be made upon receipt of the application. The registration fee, however, will not be cashed until the interview is complete and enrollment is confirmed.