

In order to complete your student's enrollment, please be sure to look over the Enrollment Checklist and complete the items within as necessary. If you have any questions about this process, feel free to call or text me at 614.695.6644 or email me at lilykunning@gmail.com.

Sincerely,
Lily Kunning
School Administrator,
Liberigo Free People School

Things to do next:

- Complete & sign the Enrollment Contract & Waiver. (pages 1-2)
- Review Tuition, and sign agreement. (pages 3-5)
- Complete UPDATES ONLY to the Student and Family Information Sheets. (pages 6-8)
- Complete the Emergency Medical Authorization Form. (page 9)
- Complete & sign the Homeschool Notification Form. (pages 10-12)

Filing options:

If you'd like for Liberigo to file on your behalf, fill out these last two pages and return them with your paperwork. Your form will be delivered to your local school superintendent this summer, (for fall enrollments) or immediately (for mid-school enrollments) which will fulfill your legal requirement to notify the state of your intent to homeschool for the appropriate school year (even if you are full-time at Liberigo).

If your student(s) were enrolled at Liberigo for the previous school year, we will file your homeschool paperwork along with your student's "End of the Year Assessment" form. You will receive a copy of this assessment from us as well. Some time before school begins you will receive your notification letter from your superintendent. KEEP THIS LETTER for your records! It DOES NOT need to be turned into Liberigo.

If you'd like to submit your own homeschool paperwork, return these pages blank and write on the page somewhere that you will be filing your own paperwork. If your student(s) were enrolled at Liberigo for the previous school year, we will provide you with the "End of Year Assessment" form to file with your paperwork. Your notification letter from your school district DOES NOT need to be turned into Liberigo.

Return all pages to Liberigo in order to interview, tour, and do a try day.

Pay your tuition the month before enrollment.

Payment options:

- Mail a check to: Liberigo Free People School, 757 Garden Road, #203, Columbus, OH 43214
- Drop off your check with a mentor at school. School days, 10-4.
- Payment online is coming!

Send copies of the following additional forms to Liberigo for each enrolled student. If you were enrolled at Liberigo for the previous school year, you will only need to send any updated forms.

We also need photocopies attached:

- Any prior school records (not including preschool/day care)
- Birth certificate or passport (xerox copy is fine)
- A certified copy of any court orders allocating parental rights, if applicable
- Immunization records (in accordance with ORC 3313.671), or signed waiver

All parents, guardians, and other persons responsible for payments should read all the provisions of this contract, complete the required information, sign and return the contract to Liberigo ("the School"). A student is accepted for enrollment when the contract has been delivered to the School, countersigned and dated. A copy of the accepted contract will be returned prior to the start of the school year. No amendment to this contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the School's Board of Directors.

Student's Name _____

Entering the (circle one) 5 Day; 3 Day; Homeschool Enrichment Program

Liberigo Free People School
757 Garden Road, #203, Columbus, OH 43214

lilykunning@gmail.com

for the _____ Academic Year

In consideration of the acceptance of this contract by the School, the undersigned agrees to pay the required TOTAL TUITION for the all dates attended, give 30 days notice to cease tuition payments, and any additional fees incurred and agrees to be bound by the provisions of this contract. So long as tuition and fee payments are not delinquent, tuition payments are due no later than the dates listed on this contract.

Enrollment for the 2020/2021 Academic Year is conditioned upon the following terms:

1. Tuition payments must be received by the School on or before each due date.
2. Acceptance of enrollment constitutes an agreement to pay the full academic year's account, comprised of both TOTAL TUITION and all related fees and expenses of the student. While we accept monthly payments, tuition for the year is due upon acceptance of this agreement. The School is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.
3. For your convenience, we offer monthly payment plans for your tuition. Please check which payment plan you choose:

____ One payment of the entire remaining balance, due by May 1 of the previous academic year.

____ Monthly payments due by the 15th of each month.

4. An account is considered delinquent if not paid by the 15th of the month. A late payment fee \$25 per month, will be charged on a delinquent account. Whenever a tuition or fee account becomes past due for a period of 60 days from its due date then, unless the School shall obtain adequate security acceptable to the School for such account within that 60 day period, the student will be withheld from classes until the delinquency is cured. If the delinquency is not cured within an additional 30 day period, the student will be dismissed.

5. One characteristic of the School that we feel is unique and are proud of is our commitment to building community. We host social events in addition to fundraisers, for example. In the spirit of community and to the benefit of the School, each family is required to give their time to the success of the School. A basic requirement of 10 hours per child per month is expected, and more is encouraged. People giving 25 hours a week or more get free tuition for one child. We understand that not every family has the capacity to give time as freely as others; for this reason families may choose to contribute \$25/hour in lieu of work share time. This \$25/hour constitutes, in part, the student's fee that are due under this Agreement.

6. The student and the student's family agree to comply with and be subject to the School's rules and policies as set forth in the Family Handbook, as amended from time to time.

7. During the school year, photos of the children will be taken for education and publicity purposes. No students' faces will be shown in any pictures published without permission from the parent/guardian of those student(s).

_____ I give permission for photos of my child to be used by Liberigo

_____ I DO NOT give permission for photos of my child to be used by Liberigo

Accepted: All legal guardians must sign this contract:

Signature _____ Date: _____

#1 Person Responsible for Payment

Signature _____ Date: _____

#2 Person Responsible for Payment

Waiver of Liability 2019/2020 Academic Year

Students will be supervised at all times while attending Liberigo “the School”, and we have a lower ratio of students to mentors than most schools. As we grow, we will strive to maintain a maximum mentor/student ratio of 1:10. When we have families’ explicit permission, students can go on school outings and field trips and will use the buddy system during those times.

We value taking risks at Liberigo. We encourage the kids to take physical, social, emotional and academic risks and to learn from them. Physical risks may include running, climbing, rolling, spinning, building, jumping and swinging. We encourage students to make safe choices, but accidents happen. As a result, there may be bumps, bruises, scrapes, hurt bodies and hurt feelings. We will be providing every mentor with First Aid/CPR certification in our first year of operation and maintaining that as new folks come on board. Your tuition and fees help pay for this. All staff will be trained to attend to minor injuries. However, there always remains the possibility for more significant injuries to occur.

As the parent/guardian of _____, I understand that there are risks of physical injury associated with participation in activities at School. I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, and to administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment but understand and agree that contact may not be possible prior to the administration of emergency care. In the event it becomes necessary for the School to obtain emergency care for my student, neither the health care provider nor the School assumes legal liability or financial liability for expenses incurred.

I agree to release the School, its employees, agents, representatives, volunteers, landlords, and successors from any and all causes of action, claims, demands, damages, costs, expenses and/or suits at law or in equity, on account or relating to any act or omission by the School in connection with or incidental to enrolling my child with the School. The terms contained in this Waiver of Liability shall serve as a release for my heirs, estate, executor, administrator, and assignees, and the heirs, estate, executor, administrator, and assignees of my Child, and for all members of our family.

Does the student have any medical or physical condition, medication information, or allergies which could interfere with the student’s safety? ___ Yes* ___ No

(More detailed information to follow in Student Information Sheet)

(Note: Providing such notice does not lessen, reduce or otherwise change the assumption of risk that my child and I incur by enrolling in the School. Providing this information is only to assist the School in its attempts to provide the safest environment that is reasonably possible.)

If yes, please describe:

(Signature of guardian #1) (Date)

(Signature of guardian #2) (Date)

*Both parents must sign unless only one has legal custody.

Tuition Information 2019/2020 Academic Year

These tuition options are being offered to help us make Liberigo affordable and accessible for as many families as possible. Tier 1 represents the true cost of enrollment, but every family's ability to pay is different. This allows us to offer discounted tuition rates on an honor system with no extra paperwork necessary. Your selection will not affect your child's placement or quality of education and no staff other than the School Manager of Liberigo will know which tier each family has chosen.

Tuition is based on the plan you select. If a child is sick or does not come to school for a holiday of your choosing, tuition for that day is still due.

Tuition should be paid monthly by the 15th of each month.

Please select your tier as well as your chosen payment plan:

FT, PT, Enrichment	Comments	Tuition	Options
5 Day Program	Full Time Enrollment, 5 days a week	\$25 per school day + 10 work share hours a month.	Families contributing more work share can have tuition discounted.
3 Day Program	Three days a week enrollment. One of the days attending should be Wednesday, during School Meeting	\$30 per day, + 10 hours of work share, per child per month.	Families contributing more work share can have tuition discounted.
Homeschool Enrichment Program*	1-2 days a week. No School Meeting requirement (but encouraged to understand the school and if enrollment is desired)	\$35 per day	Limited to one academic year before a student chooses whether they want to be enrolled in the school for 3 or 5 days a week.

Homeschool Enrichment is an option to try out the school for the first year. It allows students to come "a la carte" less than three days a week and pay a daily rate that does not require work share.

How to Pay:

Homeschool Enrichment signs in & pays the day of their arrival by cash or check. Online digital payments coming soon.

FT and PT enrolled students should pay monthly, ahead of the month in question (Pay for December on November 15 and so on).

2019/2020 School Year Payments

(Monthly payments for 5 and 3 day arrangements (due by the 15th of each month prior):

Month/Year	5 Day	3 Day	Comments
November 2019 (Due in October)	18 days of school (\$450 + 10 hours)	12 days of school (\$360 + 10 hours)	We are off Thanksgiving and the day after.
December 2019 (Due in November)	15 days of school (\$375 + 10 hours)	9 days of school (\$270 + 10 hours)	We are off Dec 23- 31.
January 2020 (Due in December)	21 days of school (\$525 + 10 hours)	9 days of school (\$270 + 10 hours)	We are off Jan 1 & 20.
February 2020 (Due in January)	20 days of school (\$500 + 10 hours)	12 days of school (\$360 + 10 hours)	No holidays.
March 2020 (Due in February)	26 days of school (\$650 + 10 hours)	13 days of school (\$390 + 10 hours)	No holidays.
April 2020 (Due in March)	17 days of school (\$425 + 10 hours)	12 days of school (\$390 + 10 hours)	We are off one week for Spring Break: April 20-24
May 2020 (Due in April)	20 days of school (\$500 + 10 hours)	12 days of school (\$390 + 10 hours)	We are off for Memorial Day, May 25)

We are working out summer enrichment programs now for families that want to participate. Stay tuned!

I agree to pay a month ahead, by the 15th of the month prior for my student's tuition(s) and have reviewed and made arrangements for the above payments.

Additional Work Hours defraying some tuition cost noted here by School Administrator:

(Signature of guardian #1) (Date)

(Signature of guardian #2) (Date)

*Both parents must sign unless only one has legal custody.

Student's Information

Last _____ First _____ Middle _____

Social Security Number _____ - _____ - _____ Preferred Pronouns: _____

Ethnicity: _____

Student's Primary Address _____

City _____ State _____ Zip _____

Primary Contact Phone _____ - _____ - _____ Does child have own mobile phone? Y/N

What is that mobile number: _____ - _____ - _____

School District: _____

Other person(s) who also live in the household?

Name Age Relationship _____

Name Age Relationship _____

Name Age Relationship _____

Does the student have diagnoses that the school should be aware of to keep student safe?

- Autism Spectrum
- SPD
- Past Trauma (please specify below)
- Diabetes
- Food Allergies (please specify below)
- Drug Allergies (please specify below)
- Epilepsy
- ADHD
- Other (please use other pages to explain)

Does this student have any known intolerances/allergies? If yes, please list and let us know about treatment (epipen, etc). Do we need to ban certain allergens from common spaces for this?

Does this student have any formative experiences you'd like us to know about? (trauma, recent changes, etc.) Feel free to add pages.

Does this student have any medical or IEP/learning differences that we should be aware of? If yes, please explain or attach documentation.

Is this student taking any medications that we should be aware of? If yes, please explain how it could affect their school day. Do they take it themselves, need reminders, or do they need it administered by an adult?

Tell us about this students' past school experience. (private, public, homeschool, un-school, etc.). Was it positive, negative, traumatic?

Know that most kids need to go through a de-schooling process when becoming a self-directed learner. Most kids do not understand how to self manage, because schools do all that work themselves and simply tell kids what to do. This process of learning how to plan and self-educate can take time and our mentors will assist in this process.

Primary Adult Information (family member doing work share hours)

First _____ Last _____
Address (if different from student's primary address) _____

City _____ State _____ Zip _____

Email address: _____

Employer _____ Job Title _____

Does the student live with this parent/guardian? Full time Part time (please circle one)

Would you like to sign up to receive our email newsletters with information about upcoming events, etc?
Yes No

This person will need to get on Slack and/or Google Classroom. Emails will be added to that apps and apps will need to be downloaded.

We will compile a school directory including names, phone numbers and email addresses which will only be shared with families enrolled at Liberigo. Would you like to include the contact information associated with this person in our school directory? Phone: ___Yes ___No • Email: ___Yes ___No

What volunteer opportunities are you most interested in? (circle as many as you'd like)

Adult Mentors (School Day Supervisions and assistance)

Serving on Committees: Fundraising, Justice

Other opportunities: Cleaning before/after school

Education Administrative work

Board position

Laundry

Website building/maintenance

Graphic Design

Social Media

Other: _____

Secondary Adult Information (family member doing work share hours)

First _____ Last _____
Address (if different from student's primary address) _____

City _____ State _____ Zip _____

Email address: _____

Employer _____ Job Title _____

Does the student live with this parent/guardian? Full time Part time (please circle one)

Would you like to sign up to receive our email newsletters with information about upcoming events, etc?
Yes No

This person will need to get on Slack and/or Google Classroom. Emails will be added to that apps and apps will need to be downloaded.

We will compile a school directory including names, phone numbers and email addresses which will only be shared with families enrolled at Liberigo. Would you like to include the contact information associated with this person in our school directory? Phone: ___Yes ___No • Email: ___Yes ___No

What volunteer opportunities are you most interested in? (circle as many as you'd like)

- Adult Mentors (School Day Supervisions and assistance)
- Serving on Committees: Fundraising, Justice
- Other opportunities: Cleaning before/after school
- Education Administrative work
- Board position
- Laundry
- Website building/maintenance
- Graphic Design
- Social Media
- Other: _____

Additional Adult Information

Primary Adult Information (family member doing work share hours)

First _____ Last _____

Address (if different from student's primary address)

City _____ State _____ Zip _____

Email address: _____

Employer _____ Job Title _____

Does the student live with this parent/guardian? Full time Part time (please circle one)

Would you like to sign up to receive our email newsletters with information about upcoming events, etc?
Yes No

This person will need to get on Slack and/or Google Classroom. Emails will be added to that apps and apps will need to be downloaded.

We will compile a school directory including names, phone numbers and email addresses which will only be shared with families enrolled at Liberigo. Would you like to include the contact information associated with this person in our school directory? Phone: ___Yes ___No • Email: ___Yes ___No

What volunteer opportunities are you most interested in? (circle as many as you'd like)

- Adult Mentors (School Day Supervisions and assistance)
- Serving on Committees: Fundraising, Justice
- Other opportunities: Cleaning before/after school
- Education Administrative work
- Board position
- Laundry
- Website building/maintenance
- Graphic Design
- Social Media
- Other: _____

Emergency Medical Authorization Form (Ohio Revised Code 3313.712) 2019/2020 Academic Year

Student Name _____

Address _____ City _____ Zip _____

Purpose- To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Telephone of Primary Adult: _____ Secondary Adult: _____

EMERGENCY CONTACTS:

Please list names in the order they should be contacted if parents cannot be reached:

Name of Adult	Relationship	Daytime Phone	Alternate Phone
Primary Adult			
Secondary Adult			
Additional Emergency Contact			
Additional Emergency Contact			
Additional Emergency Contact			

PART 1 OR PART 2 MUST BE COMPLETED:

PART 1: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____

Emergency Room Phone Number _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Home Education Notification (Ohio Administrative Code 3301-34-03) 2019/2020 Academic Year

Parent/Guardian #1

First _____ Last _____ Phone _____ - _____ - _____
Home Address _____

Parent/Guardian #2

First _____ Last _____ Phone _____ - _____ - _____
Home Address (if different from above) _____

Teachers (in addition to parents)

Lily Kunning, Educator, Liberigo Free People School 254 Agler Road, 43230; 614.695.6644
Devin Frazee, Educator, Liberigo Free People School 254 Agler Road, 43230; 614.695.6644
Jodi Sandoval, Educator, Liberigo Free People School 254 Agler Road, 43230; 614.695.6644
Heather Dean, Educator, Liberigo Free People School 254 Agler Road, 43230; 614.695.6644
Jesi Davis, Educator, Liberigo Free People School 254 Agler Road, 43230; 614.695.6644
Kristin March, Educator, Liberigo Free People School 254 Agler Road, 43230; 614.695.6644
DeAnna White, Educator, Liberigo Free People School 254 Agler Road, 43230; 614.695.6644

Student #1 Information

First _____ Last _____ Date of Birth _____

Student #2 Information

First _____ Last _____ Date of Birth _____

Student #3 Information

First _____ Last _____ Date of Birth _____

The students will receive an education at Liberigo Free People School as well as at home that will include the following subjects- language, reading, spelling and writing; geography, history of the United States and Ohio; and national, state and local government; mathematics; science; health; physical education; fine arts, including music; and first aid, safety, and fire prevention.

Brief outline of intended curriculum (for informational purposes only). Initial each assurance:

_____ We will be attending Liberigo Free People School, whose curriculum builds its framework from the Ohio Learning Standards and the Excellence in Environmental Education Guidelines for Learning, incorporating all the subjects mentioned above. Their focus is on the three domains of childhood development: cognitive, physical, and social-emotional. Liberigo also integrates life skills and practical knowledge, and has a curriculum that is immersive, integrated, and emergent. It has an overarching framework of democracy in action, teaching with freedom comes responsibility.

_____ At home, the parents will supplement the curriculum at Liberigo and follow a student-directed curriculum with one learning opportunity naturally leading to the next through a wide variety of traditional and non-traditional learning experiences.

_____ List of materials parents may use for home education (for informational purposes only)

We may use any of the following items for home education: Liberigo Free People School's child-driven curriculum and materials, textbooks, workbooks, maps and resource materials, newspapers and magazines, library loan materials, basic office supplies, multimedia resources including but not limited to DVD's, software, musical recordings, computer and internet access, family activities, classes and resources at our local recreation centers, field trips and travel, pen pals, games, pets, musical instruments, etc., local museum and zoo memberships, and home school support group resources and activities.

_____ The students will be provided a minimum of nine hundred hours of education each school year.

_____ Caregivers listed above have earned high school diplomas.

_____We affirm that the information supplied herein is accurate:

Signature of Parent/Guardian #1

Printed Date

Signature of Parent/Guardian #2

Printed Date