

REFUGE OF GRACE ACADEMY

A ministry of Agape Baptist Church

Dr. James L. Clemensen, Pastor

(417)276-2555

AUTHORIZATION TO CONSENT TO HEALTH CARE FOR MINOR AND INDEMNIFICATION AGREEMENT

I/WE, _____, of _____, _____, am the custodial parent having legal custody of _____, a minor child, age _____, born _____. I/we authorize The Refuge of Grace Academy, whose care the minor child has been entrusted, and whose office is located at 10866 E. Highway 32, Stockton, MO, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power

1. To provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and
2. To consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures. This consent includes disposal of any tissue severed during the treatment process, and
3. To keep all required immunizations and health tests up to date as required by the State of Missouri and for the safety of the student and others involved.

This consent shall be effective from the date of execution and shall remain in effect until I request in writing for it to be revoked.

I understand that authorization for treatment also includes responsibility for paying fees related to services provided with the consent of the above institution acting on my behalf.

I/we do hereby agree to hold Jim Clemensen, Agape Baptist Church, Bud Martin, Refuge of Grace Academy, and their agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my/our child or property, even injury resulting in death, which I/we now have, my/our minor child has, or which may arise in the future in connection with any medical treatment deemed necessary and authorized by Bud Martin in his exercise of the terms of this Medical Consent Form.

Medical Conditions to be aware of, including allergies to medication: _____

Date of Last Tetanus or Booster: _____

Patient Information (PLEASE PRINT)

Patient's full name _____

Birthdate _____ Social Security # _____

Responsible Party Name: _____ Phone: _____

NOTIFY IN CASE OF EMERGENCY:

name address phone

Health Care Consent Authorization and Release of Liability

Page 1 of 2

Parent Information:

Father's full name: _____ Home Phone: _____
Father's full address: _____ Work Phone: _____
Father's social security #: _____ Cell Phone: _____
Father's signature: _____
Mother's full name: _____ Home Phone: _____
Mother's full address: _____ Work Phone: _____
Mother's social security #: _____ Cell Phone: _____
Mother's signature: _____

Physician Information:

Name of Physician: _____
Address _____ Phone # _____
City _____ State _____ Zip Code _____

Insurance Information:

Insurance Company: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Policy Holder's Full Name: _____ Birth Date: _____
Social Security #: _____ Employer: _____
Group Number: _____ Policy Number: _____
Is prior authorization required for treatment? () YES () NO If yes, explain: _____

I hereby authorize the physician to release any information acquired in the course of medical examination or treatment, for insurance claim filing, a Photostat of the authorization shall be considered as effective and valid as the original. I request that payment of authorized Medicaid benefits be made to me or on my behalf to the party who accepts assignment, for any services furnished me by that supplier. I authorize any holder of medical information about me to release to the health care financing administration and its agents any information needed to determine these benefits payable for related services.

Custodial Parent/Guardian

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full importance of this grant of powers to the agent named herein. I further state that I HAVE CAREFULLY READ THE FOREGOING INDEMNIFICATION AGREEMENT AND KNOW THE CONTENTS THEREOF AND I SIGN HEREUNDER AS MY OWN FREE ACT.

Custodial Parent/Guardian

STATE OF _____
COUNTY OF _____

I _____, the undersigned Notary Public do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____.

Notary Public – State of _____ My Commission Expires _____

REFUGE OF GRACE ACADEMY

A ministry of Agape Baptist Church
Dr. James L. Clemensen, Pastor
(417)276-2555

PARENTAL AUTHORIZATION FOR RELEASE OF RECORDS

TO:

(Name & address of previous school)

Name of Student	Age	Birthdate	Grade Entering
-----------------	-----	-----------	----------------

You are hereby authorized to send the records of the above-named student to:

Mr. Bud Martin
Refuge of Grace Academy
10866 E Highway 32
Stockton, MO 65785

Please include the following **OFFICIAL** records: Transcript, Birth Certificate, Attendance information, academic performance, standardized test results, school enrollment records, health records, and disciplinary records. Please also include a description of subjects and a grading scale.

DATED this _____ day of _____, 20____.

Signature of parent or guardian

Printed name of parent or guardian

REFUGE OF GRACE ACADEMY

A ministry of Agape Baptist Church

Dr. James L. Clemensen, Pastor

(417)276-2555

CONSENT FOR RELEASE OF INFORMATION

To: _____

Re: _____

To Whom it May Concern:

The parent(s)/guardian(s) of the above reference child has given permission for the Refuge of Grace Academy to request verbal or written information concerning child or family for any of the following:

- Medical Evaluation
- Psychological Evaluation
- Counseling
- Educational Evaluation
- Court Reports or Records
- Child Care
- Information from DSS Files

Any of the information supplied concerning child or family will be kept confidential. The appropriate approval signature is affixed to the bottom of this form consenting to the release of the personal and confidential information.

Thank you for your assistance in this matter.

Sincerely,

Bud Martin, Director

I hereby authorize and consent to the above described release of information for the Refuge of Grace Academy to use as deemed appropriate.

Parent/Guardian

Witness

Date

Date

REFUGE OF GRACE ACADEMY

A ministry of Agape Baptist Church

Dr. James L. Clemensen, Pastor

(417)276-2555

AUTHORIZATION FOR USE OF PICTURES

The Refuge of Grace Academy is hereby authorized to take or permit pictures to be taken of my child,
_____, for use by The Refuge of Grace Academy in
publications, newspapers, and/or television for purposes of public relations for The Refuge of Grace
Academy.

Dated this _____ day of _____ 20_____.

Parent or Guardian

Witnessed by

REFUGE OF GRACE ACADEMY

A ministry of Agape Baptist Church

Dr. James L. Clemensen, Pastor

(417)276-2555

FINANCIAL POLICY

This Academy is a ministry of and accountable to Agape Baptist Church of Stockton, Missouri. It is a boarding school and will be supplying your child's educational needs as well as housing and food, etc. Your child's education represents a significant financial investment and a significant portion of these costs would also be incurred if she were at home for the school year.

The following summarizes your financial obligations connected with your child being enrolled at Refuge of Grace Academy.

YEARLY TUITION: \$24,000 (Monthly tuition payment: \$2,000.00)

Tuition includes room and board as well as school fees.

FEES:

- Enrollment: \$2,750.00 (One time fee due upon arrival)
- Uniforms: \$500.00 (Annual)
- Student Account: \$150.00 (To be replenished as needed)
- TOTAL FEES: \$3,400.00

Upon student's arrival, a payment of one months tuition will be due in addition to the above fees.

SUMMARY OF FEES DUE UPON ARRIVAL:

- Tuition: \$2,000.00
- Fees: \$3,400.00
- **Total Due Upon Arrival: \$5,400.00****

** This amount would be paid upon arrival. Subsequent monthly tuition payments are due within 30 days of arrival and every month thereafter. Please plan for your payment to arrive no later than the due date. There is no "grace period". Late charges for chronically late payments may be assessed.

ADDITIONAL COSTS:

We will be taking the students to one youth conference and possibly one camp each year for recreational purposes. Class pictures are taken every spring. Other costs are transporting students to an airport, bus station, doctor appointments, etc. You will be notified in advance of these needs.

REIMBURSEMENT POLICY:

Under no circumstances will any funds be returned to parents or guardians. In other words, all funds are NON-refundable.

AGREEMENT

I/we the parent(s)/guardian(s) fully understand the above FINANCIAL POLICY and agree to be bound thereby. I/we agree that in the event my/our child is voluntarily withdrawn from the Refuge of Grace Academy (including a parent being asked to withdraw the child because of the parent's unwillingness to support all Refuge of Grace Academy's policies) during the written term or any subsequent extensions thereof, no fees or expenses for the contracted term shall be refunded or remitted and any unpaid fees, costs, or tuition shall become immediately due and payable to the Refuge of Grace Academy. There shall be no tuition refunded for partial months of enrollment. An exception to this refund policy for one individual is NOT meant as an exception for anyone else.

Parent/Guardian's Printed Name

Parent/Guardian's Printed Name

Parent/Guardian's Signed Name

Parent/Guardian's Signed Name

Date

Date

REFUGE OF GRACE ACADEMY

A ministry of Agape Baptist Church
Dr. James L. Clemensen, Pastor
(417)276-2555

EDUCATION, BOARDING, AND INDEMNIFICATION AGREEMENT

On this _____ day of _____, 20____, in Cedar County, Missouri, THE REFUGE OF GRACE ACADEMY, ministry of Agape Baptist Church, engaged in the education and boarding of minor Students on a Christian basis in a Christ-centered institution (hereinafter called "SCHOOL"); and _____, of the City of _____, State of _____, being the parent(s), legal guardian(s), or having legal custody (hereinafter called "SECOND PARTY") of _____ (hereinafter called "STUDENT"), a minor, age _____, born _____, enter into this EDUCATION, BOARDING, AND INDEMNIFICATION AGREEMENT (hereinafter called "AGREEMENT") and covenant and agree as follows:

- II Second Party affirms that he/she is the natural birth parent or legal guardian appointed by a court of competent jurisdiction and as of the date of this Agreement I am vested with the legal authority to enroll the Student in a program with the School. I agree to hold harmless and indemnify the School for any loss or expense it may incur by any action related to custody or decision making regarding the Student initiated by any person claiming the right to such custody or decision making.
- II It is understood by Second Party that, in addition to providing for the education, room, board, and related work and physical education activities of the Student while Student is in residence at the School, the intent of the School is to develop not only the academic qualities of the Student, but Student's spiritual development as well.
- II Second Party acknowledges that the religious policies of the program have been explained in detail and are understood and accepted for the education and training of the Student.
- II Second Party understands that the School is not regionally accredited in order to minimize government control and oversight consistent with the religious mission of the School.
- II Second Party understands that the School makes no warranty or guarantee, express or implied, that any educational institution will accept or recognize any credit for coursework or degree conferred by the School.
- II The School agrees to accept the care, custody, and control of said minor Student for the duration of the enrollment period commencing on the _____ day of _____, 20____ and terminating on the _____ day of _____, 20____ and continuing from month to month thereafter, subject to the terms and conditions herein provided.
- II At least thirty (30) days prior to the termination date, the School will set a time to meet with the Second Party to discuss either a renewal of the Agreement or discharge of said Student. Notwithstanding anything herein contained to the contrary, however, violation by the Second Party of any of the above terms and conditions shall entitle the School to terminate this Agreement prior to the specified termination date and without prior notice to Second Party.

II Second Party agrees to Student being transported in church/school vehicles or in rare occasions in the private vehicles of staff members as deemed appropriate by the Director. The School warrants that it carries insurance for accidents in the vehicles. Second Party also understands and agrees for Student to travel to other churches and meetings both in and out of state.

II Second Party acknowledges that said Second Party has been given a personal tour of the School and has by personal observation been made aware of and agrees to the accommodations in which the Student will reside during the enrollment. Second Party acknowledges these accommodations to be suitable for the Student by initialing here.

_____ Parent or Guardian's Initials

II Second Party further acknowledges that said Second Party understands that Second Party's cooperation with the School, not only in the financial support, but also in the personal participation in the School's program, is essential to the success of the attempt by both the Second Party and the School to fully educate and train the Student. Second Party understands that, to further this end, Second Party understands that he may consult with the Director and participate in planning for the Student's care, general development, and education. In this regard, Second Party acknowledges that Second Party has been provided a Parent Handbook containing the School's policies, philosophy, purposes, and procedures.

II Visiting privileges and other Second Party/Student contact, including gifts of money or personal property to the Student, will be at the discretion of the School, and Second Party agrees to be bound by such decisions of the School.

II Second Party has received a copy of, read, and agrees to support said School in its administration of the policies and procedures contained in the Parent Handbook, including, but not limited to, the School's disciplinary procedures, incoming and outgoing mail and telephone call procedures, as well as procedures requiring School staff to search the Student's personal belongings.

II The School and Second Party understand and agree that it is the goal of the School to return the Student covered by this Agreement to the parent(s), legal guardian(s), or the person(s) having legal custody of said Student within the agreed upon time. A new Agreement will be signed at the beginning of each year if the Student is to remain in the School. The Second Party agrees to notify the School of any change in Second Party's address or family status.

II Second Party understands that any monthly or other periodic installment payments of tuition and expenses related to the Student's enrollment in the School are permitted only as a convenience and the School reserves the right to refuse acceptance of such payments and demand full payment of all tuition and expenses due upon the terms and conditions provided herein.

II Second Party agrees to not remove the Student from the School prior to the termination date set forth in this Agreement. Any removal of the Student prior to the termination date set forth in paragraph 4 above is a breach of this Agreement and the balance of tuition and expenses related to the Student's enrollment shall immediately become due and owing, regardless of any prior agreement permitting monthly or other periodic installment payments of the Student's tuition and expenses, and subject to collection as provided in paragraph 17 of this Agreement.

II In the sole discretion of the School, the Student may be dismissed or expelled from the Program thus terminating the Student's Term of Enrollment. Upon dismissal or expulsion of the Student from the Program prior to the termination date set forth in Paragraph 6 above, all tuition and expenses related to

the Student's enrollment as of the date of dismissal shall immediately become due and owing, regardless of any prior agreement permitting monthly or other periodic installment payments of the Student's tuition and expenses, and subject to collection as provided in Paragraph 17 of this Agreement.

II Second Party acknowledges that he/she has executed and agreed to be bound by the Refuge of Grace Academy Tuition/Fees Agreement during the Student's enrollment in the School. If the Second Party withdraws the Student, or if the Student is dismissed from the School before Student completes the full 12-month enrollment term, the Second Party will reimburse the School for all expenses incurred in collecting the outstanding balance then due and owing, including, but not limited to, reasonable attorney fees, court costs, and simple interest at the rate of nine percent per annum calculated from the date of the child's early removal from the School, dismissal or expulsion from the School. The School reserves the right to withhold and refuse to disclose the Student's transcripts, grade reports, or any other form of assessment, to secure the payment of any outstanding tuition or expenses, subject to provisions for automatic stay under the United States Bankruptcy Code.

II By initialing this Paragraph, Second Party states that they have read and understand all terms and conditions provided in the **Parent Handbook**. By initialing this Paragraph, Second Party also acknowledges receipt of the Parent Handbook, agree to and consent to be bound by the terms and conditions set forth in the Parent Handbook.

_____ Parent or Guardian's Initials

_____ Parent or Guardian's Initials

II This Agreement incorporates all terms and conditions contained in the **Parent Handbook** and by signing this Agreement Second Party expressly agree and consent to be bound by such terms and conditions, exclusive of any subsequent Parent Handbook, as if set forth herein.

II Second Party authorizes the use, release, publication or distribution by the School of any likeness or depiction in print or electronic format in which the Student may appear. Second Party authorizes the release of any educational information related to the enrollment of the Student with the School for the private use and evaluation by the School.

II Second Party assumes financial responsibility for all medical or dental expenses incurred by the Student, or School on behalf of the Student, while the Student is enrolled at the School. I will hold harmless and indemnify the School, its agents, employees and volunteers for any claims of medical or dental negligence or malpractice relating to, but not limited to, referral or transportation to such medical or dental provider.

II Second Party agrees that upon the Student's completion, early removal, dismissal, or expulsion from the Program, or for any temporary home visits, the School will make arrangements for the Student's return by reasonable air travel, unless such air travel is impracticable in the sole discretion of the School. Upon my written consent, the School may permit the Student to return by appropriate bus travel. Second Party further agree that the School retains all rights to regulate the Student's means of travel between the facilities of the School and any airport or bus terminal. Upon the Student's arrival at any airport or bus terminal, or release to Second party, any duty of the School to supervise or protect the Student shall terminate. The School shall not assume such duty to supervise or protect the Student until the Student is readmitted to the Program and either returned to the facilities of the School or placed in the custody and control of its employees or agents.

- II Second Party understands that the School participates in functions that may be located anywhere within the United States. I grant the Student permission to travel to and attend any School function while under the supervision and control of a School employee or agent. I will hold harmless and indemnify the School, its agents, employees and volunteers for any injury suffered by the Student while traveling to or attending any School function while under the supervision and control of a School employee or agent.
- II Second Party understands that in conjunction with the Program the Student will engage in various strenuous activities including, but not limited to, sporting activities, physical exercise and calisthenics, boating, swimming and horseback riding. Second Party further understands that in conjunction with the Program the Student will engage in less strenuous activities including, but not limited to, cleaning and performing various chores. Second Party further understands that the Student may participate in construction work and activities related to physical plant maintenance. Second Party further understands that in conjunction with the Program the Student may interact and work with various livestock and other animals, including exotic animals, and participate in husbandry and care of all such animals. Second Party further understands that all activities engaged in by the Student in conjunction with the Program contain an inherent risk of physical harm and injury. Second Party agrees to hold harmless and indemnify the School, its agents, employees, and volunteers for any physical harm or injury suffered by the Student while engaging in any activities in conjunction with the Program.
- II In consideration for Student being admitted into enrollment and for boarding at the School, Second Party hereby agrees to hold the School, and its agents, employees, and volunteers harmless from, and to indemnify for , any and all liability, actions, causes of actions, claims, expenses, including attorneys fees, and damages on account of injury to the Student, even injury resulting in death, which Second Party now has/have or which may arise in the future in connection with said enrollment and boarding of the Student at the School and any other associated activities.
- II Second Party expressly agrees that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and that if any portion thereof is held invalid , it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This Agreement contains the entire agreement between the parties hereto and the terms of this Agreement are contractual and not a mere recital.
- II Second Party understands that the provisions of this Agreement may not be modified, amended, or terminated unless such modification, amendment or termination shall be in writing and signed by the School.
- II This agreement shall be construed, governed and enforced in accordance with the laws of the State of Missouri, and without consideration of the conflict of laws/rules thereof.
- II The School and the Second Party agree to abide by and participate in binding arbitration as established by the School to resolve any and all disputes that may arise in connection with the enrollment and boarding of the Student at the School. Second Party agrees that they entered into this agreement with the School in the State of Missouri and all disputes arising from the Student's enrollment and participation in the Program shall be brought and prosecuted exclusively in the Circuit Court for Cedar County, Missouri.

By signing here, I indicate that I have the understanding and capacity to make this Agreement and that I am fully informed as to and understand the contents of this document. I further state that I HAVE CAREFULLY READ THE FOREGOING HOLD HARMLESS AGREEMENT AND KNOW THE CONTENTS THEREOF AND I SIGN HEREUNDER AS MY OWN FREE ACT.

Date

Custodial Parent/Guardian

STATE OF _____
COUNTY OF _____

I _____, the undersigned Notary Public do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20____.

Notary Public – State of _____

My Commission Expires

Date

Agent for Refuge of Grace Academy

STATE OF _____
COUNTY OF _____

I _____, the undersigned Notary Public do hereby certify that _____ personally appeared before me this day and acknowledged that he/she is _____ of the Refuge of Grace Academy, and that he/she, as _____ Being authorized to do so, executed the foregoing instrument on behalf of the Refuge of Grace Academy.

Witness my hand and official seal, this the _____ day of _____, 20____.

Notary Public – State of _____

My Commission Expires

REFUGE OF GRACE ACADEMY

A ministry of Agape Baptist Church
Dr. James L. Clemensen, Pastor
(417)276-2555

PROPERTY RIGHTS FORM

I/We the undersigned parent(s)/guardian(s) of my/our child, _____, agree with the Refuge of Grace Academy policy that at any time my/our child shall have her enrollment terminated for any reason, I/we shall relinquish all rights to any personal property no later than one month following my/our child's enrollment termination. Total shipping charges for the retrieval of this property will be borne of myself/ourselves (the undersigned), and will be sent in advance during the one month period that redemption may be made. Any items abandoned to Refuge of Grace Academy and not requested for return within one months time frame will be considered donated items for use and distribution at the discretion of the Refuge of Grace Academy staff.

The Property Rights Policy is agreed upon by the undersigned:

Date

Custodial Parent/Guardian

STATE OF _____
COUNTY OF _____

I _____, the undersigned Notary Public do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20____.

Notary Public – State of _____

My Commission Expires

REFUGE OF GRACE ACADEMY

A ministry of Agape Baptist Church

Dr. James L. Clemensen, Pastor

(417)276-2555

**TRANSPORTATION AND TRAVEL
CONSENT FORM**

I, _____, being parent and/or guardian of _____, give my full permission and consent for _____ to travel with the Refuge of Grace Academy and staff by plane, car, van, bus, or any other means of transportation deemed necessary. Consent is given for my child to travel with the school wherever may be necessary for school meetings, competition, and/or field trips. Consent is also given for my child to go anywhere deemed necessary for the school to travel in the United States of America.

Date

Custodial Parent/Guardian

STATE OF _____
COUNTY OF _____

I _____, the undersigned Notary Public do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____.

Notary Public - State of _____

My Commission Expires