2024/25



#### **WELCOME TO OUR MTA FAMILY!**

# **APPLICATION FORMS ENROLLMENT PACKAGE**

### **APPLICATION FORMS CHECK LIST**

Student Files



Dear Parent/s and Guardians.

The following registration and enrollment forms must be completed and returned prior to a student's first day of class:

Private School Program
Student Application Form  H.R.S. form 6800605 immunization record signed by a licensed physician.  Medical/Religious Vaccine Exempt Form (if applicable)  Student physical health examination form 3040 signed by a licensed physician.  Birth Certificate  Student Information & Emergency Contact  Medical Consent& Release Form  Medical Information Form  Signed Parent Handbook Acknowledgment Form  Signed Enrollment Agreement  Signed Tuition Agreement (yearly)  Records from the previous school including report cards.
Homeschool Enrichment Programs
Student Admission Application Birth Certificate Student Information & Emergency Form Medical Consent & Release Form Signed Tuition Agreement (yearly) Signed Enrollment Agreement Signed Student Handbook Acknowledge Form Records from the previous school including report cards (if applicable), or your Student 'Notice of Intent to Homeschool', and/or OCPS Homeschool student number.
If you have a change of home address, phone number or email address, please notify the office immediately as we will need to update the student's emergency contact information. Parents who have sole custody of a child with specialized court orders restricting a parent from coming into contact with the child need to notify Master Tree Academy of the circumstances. Legal documents concerning this matter must be included in the child's records. Your consideration in maintaining a safe place for academics is appreciated.

#### MTA Student Application & Assessment

### **STUDENT ASSESSMENT 2024/25**



Master Tree Academy Admission Assessment & Shadow Day for 2024/25

Student Name:		Desired Start: Ass	essment Fee \$50
tudent Name		Birth Date	
tudent Address		City/State:	
etween:			
arent 1	Address:	City	
	Email	Phone:	
arent2	Address:	City	
	Email:	Ph <mark>one:</mark>	
sting slots can be booked by email a ers and teachers and participate in o	n grade are required to schedule a Shadow Do at jona@mastertreeacademy.org or by phone our school schedule for the day. The assessme or Day and Academic Assessment at Master Tre	at 407-435-9910. During the shadowing, yent is done during the shadowing.	
esting slots can be booked by email a eers and teachers and participate in o e/I would like to schedule a Shadow	at jona@mastertreeacademy.org or by phone our school schedule for the day. The assessme	at 407-435-9910. During the shadowing, yent is done during the shadowing.  See Academy for	our student will ab able to experienc
esting slots can be booked by email a eers and teachers and participate in o ee/I would like to schedule a Shadow	at jona@mastertreeacademy.org or by phone our school schedule for the day. The assessme / Day and Academic Assessment at Master Tre	at 407-435-9910. During the shadowing, yent is done during the shadowing.  See Academy for	our student will ab able to experienc
esting slots can be booked by email a ers and teachers and participate in o e/I would like to schedule a Shadow aggested Shadow & Assessment Date	at jona@mastertreeacademy.org or by phone our school schedule for the day. The assessme / Day and Academic Assessment at Master Tre	at 407-435-9910. During the shadowing, yent is done during the shadowing.  See Academy for	our student will ab able to experienc
sting slots can be booked by email a ers and teachers and participate in o e/I would like to schedule a Shadow ggested Shadow & Assessment Date	at jona@mastertreeacademy.org or by phone our school schedule for the day. The assessment of Day and Academic Assessment at Master Tree/Time (let us know when your student is ableed).	at 407-435-9910. During the shadowing, yent is done during the shadowing.  See Academy for	our student will ab able to experience
sting slots can be booked by email a ers and teachers and participate in o e/I would like to schedule a Shadow ggested Shadow & Assessment Date  Jame Printed  Ve/I are interested in the following the school	at jona@mastertreeacademy.org or by phone our school schedule for the day. The assessment of Day and Academic Assessment at Master Tree/Time (let us know when your student is ableed to be student Program    Signature   Full-time	at 407-435-9910. During the shadowing, yent is done during the shadowing.  See Academy for  The to come for a shadow & assessment day.	our student will ab able to experience
sting slots can be booked by email a ers and teachers and participate in o e/I would like to schedule a Shadow ggested Shadow & Assessment Date  Name Printed  We/I are interested in the following:  Private School  Homeschool Core	at jona@mastertreeacademy.org or by phone our school schedule for the day. The assessment of Day and Academic Assessment at Master Tree/Time (let us know when your student is ableed to be student Program    Full-time	at 407-435-9910. During the shadowing, yent is done during the shadowing.  See Academy for  The to come for a shadow & assessment day.	our student will ab able to experience.
esting slots can be booked by email a sers and teachers and participate in order. I would like to schedule a Shadow aggested Shadow & Assessment Date  Name Printed  We/I are interested in the following:  Private School Homeschool Core 5-Day Homeschool Enrichme2-Day	at jona@mastertreeacademy.org or by phone our school schedule for the day. The assessment of Day and Academic Assessment at Master Tree/Time (let us know when your student is ablee/Time (let us know wh	at 407-435-9910. During the shadowing, yent is done during the shadowing.  See Academy for  The to come for a shadow & assessment day.  School Umbrella  (in addition)  AM PM (in addition)	our student will ab able to experience.
esting slots can be booked by email a sers and teachers and participate in orders and teachers and participate in order. I would like to schedule a Shadow aggested Shadow & Assessment Date when the series of the	at jona@mastertreeacademy.org or by phone our school schedule for the day. The assessment of Day and Academic Assessment at Master Tree.  **Time** (let us know when your student is ableed to be supported by the control of the contr	at 407-435-9910. During the shadowing, yent is done during the shadowing.  See Academy for  The to come for a shadow & assessment day.  School Umbrella  (in addition)  AM PM (in addition)	Date  Homeschool Umbrella
sting slots can be booked by email a ers and teachers and participate in o e/I would like to schedule a Shadow ggested Shadow & Assessment Date  Name Printed  We/I are interested in the following:  Private School Homeschool Core 5-Day Homeschool Enrichm 2-Day  Extra Day/s	Signature  Student Program  Full-time Full-time inc. Homes Health AM Fullday Fullday Halfday Fullday Halfday Fullday Halfday Fullday Halfday Fullday Halfday Fullday Fullday Halfday	at 407-435-9910. During the shadowing, yent is done during the shadowing.  See Academy for  Se to come for a shadow & assessment day.  School Umbrella  (in addition)  AM PM (in addition)  AM PM	Date  Homeschool Umbrella Homeschool Umbrella

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### **KINDERGARTEN WAITING LIST**

MASTER TREE ACADEMY

Admissions Form

udent Program:	Private School (Ful	I-Day)	Homeso	:hool (Ful	l-Day)	5-Day/Half-D	ay	2-Day/Full-Da
Student Name			Grade ir	n Fall	Gend	er Male	F	emale
Address					Birth (mm/c			
City	State	Zip C	ode		Paym	ent Method	Website	e Paypal
Does your child liv	e with both parents?	Y	es	No		Zelle	Check	Stripe
If not, please de	escribe custody arran	gement and	orovide	documenta	ition			
Parent/Legal Gua	ardian 1 Name				Email			
Cell Phone			Wor	k Phone				
Address			City		Sta	te	Zip C	ode
Employer Name and	Address							
Parent/Legal Gua	ardian 2 Name				Email			
Cell Phone			Wor	k Phone				
Address			City		St	ate	Zip	Code
Employer Name an  Tell us about you								
Current School						Grade		
Program						Teacher		
Enrolled Sports					F	avorite Subject		
Special Interests					Lear	ning Disabilities		
ls your child energ	getically sensitive?	Yes	No	ls you	r child en	npathic?	Yes	No
Is your child noise	sensitive?	Yes	No	Is your child	d artistica	lly inclined?	Yes	No
Describe your chil	d's demeanor:							
Is there anything	we should know abo	ut your child	l's physi	cal or men	tal healtl	1?		
Does your child ha	ve any restrictions on	physical act	ivity					
Parent/Guardian	Signature					Date:		



### **STUDENT APPLICATION INFO**

MASTER TREE ACADEMY

Admissions Form

udent Program:	Private School (Ful	I-Day)	Homeso	:hool (Ful	l-Day)	5-Day/Half-D	ay	2-Day/Full-Da
Student Name			Grade ir	n Fall	Gend	er Male	F	emale
Address					Birth (mm/c			
City	State	Zip C	ode		Paym	ent Method	Website	e Paypal
Does your child liv	e with both parents?	Y	es	No		Zelle	Check	Stripe
If not, please de	escribe custody arran	gement and	orovide	documenta	ition			
Parent/Legal Gua	ardian 1 Name				Email			
Cell Phone			Wor	k Phone				
Address			City		Sta	te	Zip C	ode
Employer Name and	Address							
Parent/Legal Gua	ardian 2 Name				Email			
Cell Phone			Wor	k Phone				
Address			City		St	ate	Zip	Code
Employer Name an  Tell us about you								
Current School						Grade		
Program						Teacher		
Enrolled Sports					F	avorite Subject		
Special Interests					Lear	ning Disabilities		
ls your child energ	getically sensitive?	Yes	No	ls you	r child en	npathic?	Yes	No
Is your child noise	sensitive?	Yes	No	Is your child	d artistica	lly inclined?	Yes	No
Describe your chil	d's demeanor:							
Is there anything	we should know abo	ut your child	l's physi	cal or men	tal healtl	1?		
Does your child ha	ve any restrictions on	physical act	ivity					
Parent/Guardian	Signature					Date:		

### **STUDENT APPLICATION INFO**



Additional Information

Student Name	
Use this space for anything you	would like to share with us about your child
Do you have any concerns that y	ou would like to share with us?
Shadow Day agreed for (date):	
Lastly, how did you hear about u	s?
MTA Student	Victory Martial Arts Student. Name:
Friend	MTA Event/Open House Parent Group
Social Media	MTA Camps Other:
Thank you for your application! W	/e will contact you shortly to arrange a tour or shadow day!

Should you have any questions, feel free to call 407-435-9910 or e-mail info@mastertreeacademy.org



### **STUDENT INFO. & EMERGENCY FORM**



Please submit with your student's enrollment or re-enrollment forms

Program(s) student is		Private So	chool	(Full-D	ay)	5-Day/	Half-Day	2-Day/	Full-Day	HS	Umbrella
enrolled in (select all	l that			(E. II B			ademic		ademic	T	utoring
apply)		Homesch	001	(Full-D	ay)	PM P	rojects	PM Pi	ojects	Pare	nt Coaching
Student Name				Grade	e in Fall		Gende	r Ma	le	Female	
Address							Birth D (mm/dd				
City	State		Zip C	Code			Payme	nt Method	We	ebsite	Paypal
Does your child live v	with both par	ents?	Y	'es	No	)		Zelle	Ch	neck	Stripe
If not, please desc	cribe custody	arrangemer	nt and	provic	de docum	entati	on				
Parent/Legal Guard	lian 1 Name						Email				
Cell Phone				W	ork Phon	e					
Address				City			State	Э		Zip Code	
Employer Name and Ad	ddress										
Parent/Legal Guard	lian 2 Name						Email				
Cell Phone				W	ork Phor	е					
Address				City	/		Sta	te		Zip Code	
Employer Name and A	Address										
Other Individuals A	uthorized to	Pick-Up Thi	s Chilo	d.							
Name							Relatio	nship to Ch	ild		
Address								Cell Phone	•		
Name							Relatio	nship to Ch	ild		
Address								Cell Phone	9		
Child's Physician							Physic	ian's Phone			
Child's Dentist/ Orthodontist							Dentis Phone	t's/Ortho's			
Medical Insurance P (Please submit a copy of							Policy	Number			
Health History (Cho			mmuniz sthma		Bleeding/	′Clotti	ng Disord	der Oth	er		
Alergies Pollen	Poison	Oak/Ivy/Sur	mac	F	Penicillin		nsect Sti	ngs (Specify	/)		
Operations, serious ir	njuries, diseas	ses, restrictio	ons on	physic	cal activit	у					
Parent/Guardian Sig	gnature							Date:			

### **MEDICAL INFORMATION**



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Student Name	Birth Date (mm/dd/yy)
Child's Physician	Physician's Phone
Child's Dentist/ Orthodontist	Dentist's/Ortho's Phone
Medical Insurance Provider (Please submit a copy of insurance card)	Policy Number
Health History (Choose all that apply and copy of immunizations)  Ear Infection Convulsions Asthma Bleeding/Clotting	ng Disorder Other
Operations, serious injuries, diseases, restrictions on physical activity	
Any other medical conditions we should know about:	
	ed to take meds during school?  yes no
Med Instructions:	
Allergies Pollen Poison Oak/Ivy/Sumac Penicillin	nsect Stings (Specify)
Food Allergies	Fruits
Please Specify:	
Allergy Instructions:	
Other Instructions:	
Parent/Guardian Signature	Date:

### **MEDICAL CONSENT & RELEASE**

MASTER TREE
ACADEMY

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Student Program: Pri	vate School (Full-Day) Homeschool	(Full-Day) 5-Day/Half-Day	2-Day/Full-Day
Student Name		Birth Date (mm/dd/yy)	
Student Address		City/State:	
court orders preventing the	pere that we are the lawful parents or guardian parents or guardians from granting this author e parent(s) or legal guardian(s) should be co	norization.	there are no
Parent 1	Address:	Phone:	
Parent2	Address:	Phone:	
However, if the parent(s) or contact:	an injury or an illness, the Caregiver(s) should be contacted, the Caregiver(s) should be contacted, the Caregiver or legal guardian(s) should be contacted be contacted.	Caregiver(s) should reach the following	
Name:	Address:	Phone:	
Relationship with child:	Sibling Grandparent Nanny/Baby		
authorize Master Tree Acad hospitalization, anesthesia, s	ts/legal guardians or temporary caregiver is emy to obtain and consent to any Emergenc surgery, and blood transfusion. We DO NOT is granting of authority will be effective on (o	cy Medical Ca <mark>re and Treatment, incl authorize Master Tree Academy to</mark>	luding
medical care for my child. T	rmed consent, given freely and with certain he authority granted under this Child Medica ed to the Master Tree Academy and to the c it.	al Consent form may be terminated	through a
IN WITNESS WHEREOF, we	hereunto sign our names at Winter Park, Flo	orida	
Parent/Guardian 1 Signatu	ure	Date:	
Parent/Guardian 2 Signate	ure	Date:	
Witness 1 Signature		Date:	
Witness 1 Signature		Date:	

### **MEDICAL/RELIGIOUS EXEMPTION**

MASTER TREE
ACADEMY

**Exemption from MTA School/ Childcare Immunization Requirements.** 

Student Name		Birth Date (mm/dd/yy)
at our school law and allo school vac		rt in understanding the process further,
by submittir been exempte	ng this completed form to the child's scho	for the disease or diseases for which the accines can protect against still exist, and
I am exem	npting my child from the requirement the following diseases to attend so	
Polio Rub		
beliefs. I have below. I have re	e discussed the benefits and risks of immeceeived notice that if an outbreak of vacci	ith my personal, philosophical or religious unizations with the health care practitioner ne-preventable disease for which my child is chool or child care center for the duration of
Parent/Guardian	n Signature	Date:
		with the parent/legal guardian as a condition RNP or PA licensed under Title 18 RCW, and
□M	1D DND DO ARNP PA Licensed Health	•
Health Care Practi	ioner Signature	Date:

#### PARENT HANDBOOK INFORMATION

MASTER TREE ACADEMY

Acknowledging that you received and read MTA's School Policies

Student Name:	Program:	Date:
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#### PARENT HANDBOOK ACKNOWLEDGMENT

#### **Dear Parents and Students.**

With this form you are letting us know that you have recevied and read MTA's Parent Handbook 2024/25. Please take moment to discuss the Code of Conduct (page 62) with your child in empowering way that allows them to take ownership of their school rules.

I have this day received a copy of Master Tree Academy Parents Handbook for the 2024/25 school year and understand that this handbook replaces any and all prior handbooks.

I understand that it is my responsibility to read and be familiar with the information contained in the handbook. I understand and hereby agree to comply with all the policies contained in the handbook and any subsequent revision.

Parent Name (please print):	
Parent Signature:	
Thank you! Your MTA Team	

### **ENROLLMENT AGREEMENT 2024/25**



Master Tree Academy Enrollment Agreement Academic Year 2024/2025

Student Program: Private	School (Full-Day)	eschool (Full-Day)	5-Day/Half-Day	2-Day/Full-Day
For:				
Student Name:		Start:	Upcomir	ng Grade Level:
Student Name		Birth D	ate	
Student Address		City	//State:	
Between:				
Parent 1	Address:		City	
	Email		Phone:	
Parent2	Address:		City	
	Email:		Phone:	
And:: Master Tree Academ				
Orlando, FL 32804 (407)435-9910 www.mastertreeacademy.org				
This is a legally binding contract agree (Attachment 2), the MTA Parent Choic academic school calendar which is attachment.	e Programs (Attachment 3), and the T	uition Agreement (Attachme		
1. Agreement: This Contract is betwee student (hereinafter "Student") and Ma: Umbrella Program. The school the Student jointly and severally liable for the agreement to the terms of this Contract	ster Tree Academy (hereafter either 'S lent is enrolled in for any given acaden tuition and fees set forth herein. Pai	School' or 'MT <mark>A') for s</mark> tudents nic year shall be referenced I	s enrolled in its Elementar hereinafter as the "School."	ry Private School or Homeschool " All persons signing this Contract
2. Student Enrollment: The new or re- Student Programs (Attachment 2)	enrolling Student, if accepted, will be e	enrolled for the 2024- 2025 a	academic year according t	o the current MTA Parent Choice
Private School Homeschool Core 5-Day Homeschool Enrichmen 2-Day Extra Day/s	nt AM PM Fullday Half	meschool Umbrella day AM PM		Iomeschool Umbrella Iomeschool Umbrella
If a Student is enrolling after the 2023 academic year. Fill in the first date of at		tuition shown on the Tuition	ı Schedule will be prorate	ed accordingly for the 2023-2024
The parent is aware that a final determ practices and that curriculum changes/	·	*	ordance with the School's	standard admissions or retention

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### **ENROLLMENT AGREEMENT 2024/25**



Master Tree Academy Enrollment Agreement Academic Year 2024/2025

Student Program: Private School (Full-Day) Homeschool (Full-Day)	5-Day/Half-Day 2-Day/Full-Day
For:	
Student Name:	Upcoming Grade Level:
3. Continuing Enrollment: Parent understands that Parent will not be asked to sign another Enrollment Contract. Master Tree Academy. Rather, the terms of this Contract, as may be amended by the schools from time to remains enrolled in MTA. Upon re-enrollment, MTA agrees to notify Parent in writing (or electronically) of an concurrent with registration each academic year, and if the Parent chooses a different Parent Choice Program from Master Tree Academy. Student's continued enrollment represents Parent's acknowledgment of the member Enrollment Contract in force (containing all amendments) in the Business Office each year for Parent's access a	time, will continue to be in effect as long as Student y significant changes made to the Contract prior to or for the following academic year. Such notice will come odified terms. The School will maintain a copy of the
<b>4. Tuition:</b> The calculated Tuition Amount for this enrollment agreement follows MTA's current Tuition Plan (At Payment methods, and additional services must be acknowledged by the Parent's signature of MTA's Tuition A	
Tuition Deposit:  (Initial(s)). Parent understands that for the School to consider Student's application academic year stated above. Parent must submit the original executed Contract, along with a one month Tu within 7 days of the date of this Contract set forth above.  After the 2024/2025 academic year, Parent will be billed the Tuition Deposit Fee to reserve a place for the Stuyear, Parent must pay the Tuition Deposit by May 10th of each subsequent year. Parent understands that the submission of the Contract and Tuition Deposit to the School and the School's consideration of Student's appropriately tuition payment for the academic year covered by this Contract (not applicable if tuition is paid year. School rejects, in its sole discretion, Student's application for admission and unilaterally cancels this Contract.	dent for years subsequent to the 2024-2025 academic Tuition Deposit is earned by the School upon Parent's Scication. The Tuition Deposit will be applied to the last
Parent understands that, on or about <b>May 10th</b> each academic year, the School will notify Parent of the amoun Fees for the next academic year. The School will assume that Parent intends to re-enroll Student for the next and for those choosing Tuition Payment Plan(monthly or yearly) as indicated in the Tuition Agreement), as we half-day), as elected in this Contract unless the School has received a contrary notification (either about contrissing schedule (if applicable), or the election of the Payment Plan from Parent prior to the date provided in the notice before March 30 each year. If Parent does not pay the Tuition Deposit by May 10th each year, the Student's space enroll Student either after May 10th or after Parent's timely notification to the School that Student will not be elected on space availability and Parent will need to sign another Enrollment Contract and pay the increase agreed Tuition Payment Schedule in the Tuition Agreement is issued each year and expressly incorporated in tuition will be established for each year by the Administration. Parent will be advised of the tuition for subsequents of the following academic year.	academic year on the same or updated Payment Planell as the chosen Program Plan (2-day or 5 day; full- or nuing enrollment, Student Program Plan (if applicable), e each year. The applicable Tuition Deposit is due on or ace cannot be guaranteed. Should Parent decide to removed the following academic year, re-enrollment will ed tuition rates for the applicable academic year. The not the terms of this Contract. Parent understands that uent years on or before May 10th each academic year
Sibling Discount: The School offers the following sibling discounts (one tuition payment only): A 10% tuition discount on the third child enrolled, and a 20% discount on the fifth and subsequent children enrolled. The signade(s) with the lowest tuition rate(s). Please indicate the name(s) and grade(s) of other sibling(s). Enrollme enrolled:	School calculates the discount on the child(ren) in the
Other Discounts or Scholarships may be given or accepted. Please indicate the type of discount or scholarship	0:
Tuition Obligation: (Initial(s)). Once Parent submits an executed Enrollment Contract and the restudent will be enrolled for the entire academic year (or the remainder of the initial academic year if applicable the School do not diminish with the departure of some students during the course of the school year and agree the time of Parent's execution of this Enrollment Contract the damage and loss to the School that would occur the students who have enrolled. This means that Parent becomes liable for the entire year's tuition and fees	le). Parent understands that the overhead expenses of ees that it is impossible for the School to determine at ur due to the later cancellation/withdrawal of some of

If Student is withdrawn, absent, or involuntarily separated, for any reason, including without limitation, change of residence, health, withdrawal, or expulsion, after the termination dates set forth in Paragraph 5, there will be no refund or reduction of fees or Tuition, and any unpaid balance may, at the School's election, become immediately due and payable.

Student is withdrawn, absent, or is involuntarily separated from School UNLESS Parent terminates this Contract in strict accordance with the termination procedures

set forth in Paragraph 5 below (or the School rejects, in its sole discretion, Student's application and unilaterally terminates this Contract).

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### **ENROLLMENT AGREEMENT**

**ACADEMY** 

Master Tree Academy Enrollment Agreement Academic Year 2024/2025

Student Program: Private School (Fu	II-Day) Homeschool (Full-Day)	5-Day/Half-Day 2-Day/Full-Day
For:		
Student Name:		Upcoming Grade Level:
5. Termination Procedures: (Initial(s)). P.	arent may terminate this Contract by submitting a V	WRITTEN Termination Notice to the Registrar by the dates

- indicated below (the Termination Date). The Termination Notice must (a) be dated, (b) state the Student's name, (c) provide a reason for the termination of the Contract; and (d) be RECEIVED by the Registrar on or before the Termination Date. If such Termination Notice is timely received, Parent will be relieved of all tuition paid and other payments and fees that would have come due after the Termination Date. Even if this Contract is terminated pursuant to the terms of this Paragraph, Parent understands that the School will not refund any portion of the Student's Tuition Deposit if this enrollment agreement if made after April 15 of the year prior to this Contract's initial academic year...
- 6. Incidentals: Parent agrees to pay the School for incidental fees, such as tuition payment late fees, Add-on Service charges, etc. charged to Parent's account within thirty days of receipt of each statement (field trips over \$25.00 will be paid by Parent in accordance with the terms of the specific trip).
- 7. School Policies: Student's enrollment at the School is subject to the general statements, policies, regulations, conditions, and financial terms contained in the School's Parent and Student Handbook (Attachment 6) and other published documents, which may be amended from time to time. Parent acknowledges that Parent and Student must abide by such School rules and guidelines, and submit the forms need to enroll the Student. A Student Form Check List is available as Attachment 11.
- 8. School Support & Volunteering: Student's enrollment at the School is subject to Parent support of the standards of the School in its philosophy, methods, objectives, and policies, including moral, academic, behavioral, dress, conduct, and disciplinary standards; to assume the responsibility for parental monitoring of Student's education, being an encourager, and keeping in regular contact with Student's teachers; and to attend mandatory meetings called by the School. Parent also agrees to support, to the best of Parent's ability, the School's entire program through time, attendance at parent meetings, and participation in various School activities.
- g. Termination of Student's Attendance: The School has the right to suspend or terminate the attendance of any student for reasons set forth in this Contract, for reasons set forth in the Parent and Student Handbook (or other published document), for reasons that the School Administration considers detrimental to the School community, to student, or to other students of the School, or for the Parent's failure to pay all or any part of the Parent's financial obligations for Student's attendance (including any amounts charged on Student's account with the School).
- 10. Payment and Late Fees: (Initial(s)). Parent understands and agrees that a Late Charge of \$29.00 will be added for any delinquent payment (which is defined as a payment not received within 5 days after the due date). In the event of default (default being 30 days past due), Parent also agrees to pay all costs of collection, including collection agency fees, attorneys' fees, court costs, and interest of 1.5% per month. Further, as to any account more than 90 days in arrears, the School reserves the right to accelerate the total unpaid balance of tuition and fees due under this Enrollment Contract. When accounts are in arrears, the account may be referred to the School's collection agent and/or counsel for satisfaction.
- 11. Default of Payment: All accounts must be current before records and transcripts can be released or transferred to other schools. Student will not be allowed to continue to attend classes or participate in other School activities unless tuition and fees are paid by stated deadlines (or until Parent makes other written arrangements acceptable to the School).
- 12. Photos and Images: The Parent agrees to allow Student's photograph, voice, image, and information to be used by the School for use in the School's publications, promotion materials, social networks, and website, without compensation and without prior notice. Parent acknowledges this through MTA's Media Release & Consent form (Attachment 7). Parent also allows Student to be interviewed by the media on campus or at school-related events. Parent releases and holds the School harmless from any liability stemming from the use of the Student's name, photograph, voice, image, or information.
- 13. School Directory: Parent authorizes the School to place family information, including name(s), home address(es), email address(es), and telephone numbers of Parent, Student, and other children in attendance at the School, in a directory of students to be available to School families. Parent acknowledges that this directory and the information therein is not to be used for commercial use and is not to be distributed to any person other than another School family.
- 14. School/Family Cooperation: A positive and constructive relationship between the School and Family Member (defined as Parent, Student, or other person associated with Student) is essential to the School's educational purpose and responsibilities to its students. We encourage parent volunteers, contributions and donations indicated in our Parent Volunteer Sign-Up Form (Attachment 8).
- 15. Medical Authorization & Release: If in the opinion of a properly licensed and practicing physician, Student needs medical or surgical services which require Parent's pre- authorization or consent, Parent hereby authorizes, appoints, and empowers the School to act as Parent and furnish such consent on Parent's behalf with the signed Medical Consent & Release Form (Attachment 9). Parent confirms that it is Parent's desire that Student be furnished with such medical or surgical services as soon as reasonably possible after the need arises. Parent hereby releases and holds the School harmless from any liability which might arise from the giving of such consent. Parent agrees to reimburse the School for any medical expenditures made on Student's behalf.

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**ACADEMY** 

Master Tree Academy Enrollment Agreement Academic Year 2024/2025

Student Program: Private School (Full-Day)	Homeschool (Full-Day)	5-Day/Half-Day	2-Day/Full-Day
For:			
Student Name:		Upcoming Gra	ade Level:

- 16. Consent to Onsite Medical Care: The Parent hereby authorizes the School to supply medical care as needed for Student (including administration of allergy medications, Epi-Pens, etc. according to the Student's prescription from a licensed practitioner) or other minor medical care or emergency as determined to be appropriate by the School Staff in accordance with parent-indicated treatment instructions indicated in the Medical Information Form (Attachment 10).
- 17. Student Files & Transcripts: If Student is transferring from another school, it is the Parent's responsibility to ensure that the transferring school promptly provides the School with an official transcript. Parent consents and holds the School harmless for the release of Student's records and information upon request by an educational institution or law enforcement agency. Parent also releases and holds the School harmless from any liability stemming from the use, disclosure, or release of Student's records or information.
- 18. Promotional Materials/Statements: The School continually strives to ensure the accuracy of all written materials, including, but not limited to, promotional information, catalogs, brochures, handbooks, and advertising. In an effort to do so, however, information included in the materials (including class sizes, student-toteacher ratios, School accreditation, teacher qualification, specialization, and length of service, etc.) may change as programs grow and as staff changes. Prior to relying on any written materials in making your decision to enroll Student in the School, please verify the accuracy of information with the Admissions Office. Please also understand that even if the information was accurate at the time that you enrolled or re-enrolled the Student, the information may change prior to commencement of classes or during attendance at the School. Please also note that only the Head of the School (or his/her designee) has the authority to make commitments regarding the nature of the program, specific arrangements for Student, or other changes from the School's regular curriculum.
- 19. Governing Law/Waiver of Jury Trial: This Contract and the rights and obligations of the parties shall be governed by and construed in accordance with the laws of the State of Florida without regard to principles of conflicts of law. The parties agree to waive the right to a jury trial over any claims pertaining to Student's enrollment, attendance, or separation from the School including, but not limited to, claims of breach of contract, under the statute, ordinance, or common law. The exclusive venue for any claim shall be the Southern District of Florida or any Florida state court in Orange County, Florida, as appropriate.
- 20. Understanding of Terms: Please read this Contract carefully. By signing below, Parent acknowledges that Parent understands the terms of this Contract, Parent's obligation to pay the full year's tuition even if the Student is withdrawn or dismissed, the Parent's option to terminate, and all other obligations set forth herein. If Parent has questions about the terms, Parent is encouraged to seek the advice of counsel or to seek clarification from the Business Manager.
- 21. Force Majeure: The School's duties and obligations under this Contract shall be suspended immediately without notice during all periods that the School is closed because of force majeure events including, but not limited to, any fire, act of God, hurricane, war, governmental action, act of terrorism, epidemic, pandemic, or any other event beyond the School's control. If such an event occurs, the School's duties and obligations in this Contract will be postponed until such time as the School, in its sole discretion, may safely reopen. In the event that the School cannot reopen due to an event under this clause, the School is under no obligation to refund any portion of the tuition paid.
- 22. Parent's Commitment to Truthfulness in the Admissions and Enrollment Process: The School is relying on the completeness and truthfulness of the information provided by the Parent in the admissions and enrollment process. If the School finds out after the Student has been admitted and enrolled that the Parent was not truthful in the admissions and enrollment process on any issue that the School, in its sole discretion, finds to be important, the School has the absolute right to terminate this Contract. There will be no refund of tuition where such termination occurs and any unpaid balance is payable in full according to the terms of this Contract.
- 23. Authority: Each party represents and warrants to the other (1) that it has full power to enter into and perform its obligations under this Contract; and (2) that this Contract constitutes its legal, valid, and binding obligation, enforceable in accordance with its terms. Parents in two-parent households agree that each is acting as an agent for the other. Modification of this agency relationship shall be in writing and delivered to the School. No oral modifications will be recognized or accepted.
- 24. Entire Agreement: This Contract, and the separately incorporated Tuition Schedule and Payment Agreement (each academic year), sets forth the entire understanding of the parties hereto with respect to the subject matter hereof and merges and supersedes all prior and contemporaneous oral understandings between the parties. There have been no representations or warranties made by any party other than the representations and warranties contained herein. Parent and the Head of School must agree in writing to any changes to this Contract, except that the School may make changes to this Contract for subsequent years and Student's continued attendance after changes by the School are communicated to Parent constitutes Parent's assent to such changes. Substantial changes will be communicated to Parent on or before March 30 each year.

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### **ENROLLMENT AGREEMENT 2024/25**



Master Tree Academy Enrollment Agreement Academic Year 2024/2025

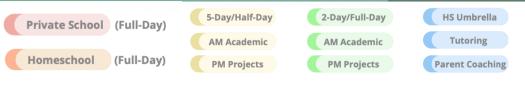
Student Program:	Private School (Full-Day)	Homeschool (Ful	I-Day)	5-Day/Half-Day	2-Day/Full-Day
For:					
Student Name:				Upcoming Gra	de Level:
which, the School may be mer	shall inure to the benefit of and b rged or which may succeed to the e assigned or transferred by any of	School's assets or business.			
which together shall constitute	nic/Scanned Signatures: This Cont e one and the same contract. Docu or purposes of this Contract and al	ments executed and transmi	itted electronica	lly and electronic and	or scanned signatures shall be
*Both parents must sign (unless	s the School, in its discretion, permi	ts enrollment with one parent	t's signature).		
	Signat	ure of parent(s)/gua	rdian(s)		
Printed —		Signature			Date
Printed		Signature			Date

### **TUITION PLANS 2024/25**

Master Tree Academy Tuition Plans Academic Year 2024/25



**Select Your Parent Choice Student Program** 



#### **Private School**

#### Homeschool

2-Day/Half-Day

Full Day Plans	9AM-3PM 180 Days Full Curriculum	9AM-3PM Planned Absences Full Curriculum
Annual Tuition (10 Monthly Payments)	\$11,990	\$13,990
Material Fee (annual one-time payment)	\$999	\$999
Enrollment Fee (new family one-time payment)	\$499	\$499
Deposit  (one month tuition for monthly payment option; credited to May 2024)	\$1199	\$1399

5-Day/Half-Day	2-Day/Full-Day	
		•

Enrichment Plans	nrichment Plans  Half-Day Mon-Fri AM or PM  2 Day/Full Day Tues & Thur AM and PM		2 Day/Half Day Tues & Thurs AM or PM
Annual Tuition (10 Monthly Payments)	1 30,990 1 30,990		\$5,990
Material Fee (annual one-time payment)	1 5/99 I 5/99		\$499
Enrollment Fee (new family one-time payment)	\$299	\$299	\$299
Deposit  (one month tuition for monthly payment option: credited to May 2024)	\$899	\$899	\$499

### **TUITION PAYMENTS 2024/25**





#### **ENROLLMENT**

	Private School	Homeschool	5-Day/Half-Day	2-Day/Full-Day	2-Day/Half-Day
Monthly Tuition x10 (Annual Tuition - 5%)	<b>\$ 1,199</b> (\$11,390.50)	<b>\$ 1,399</b> (\$ 13,290.50)	<b>\$ 899</b> (\$ 8,540.50)	<b>\$ 899</b> (\$ 8,540.50)	<b>\$ 599</b> (\$ 5,690.50)
Material Fee (annual one-time payment)	\$999	\$999	\$799	\$799	\$499
Enrollment Fee (new family one-time payment)	\$499	\$499	\$299	\$299	\$299
SUBTOTAL ENROLLMENT FEES	\$1,498	\$1,498	\$1,098	\$1,098	\$798
Tuition Deposit (May Tuition, only for monthly payment option)	\$1,199	\$1,399	\$899	\$899	\$499
DUE AT ENROLLMENT (monthly Payment option)	\$2,697	\$2,897	\$1,997	\$1,997	\$1,297
TOTAL ENROLLMENT ONE-TIME ANNUAL PAYMENT	\$12,888.50	\$14,788.50	\$9,638.50	\$9,638.50	\$6,488.50
RE-EN	ROLLME	NT			
First Tuition (due August 1, 2024)	\$ 1,199	\$ 1,399	\$ 899	\$ 899	\$ 599
Material Fee (due May 17, 2024)	\$999	\$999	\$799	\$799	\$499
<b>Deposit</b> (May 2024 Tuition; due May 17, 2024 )	\$1,199	\$1,399	\$899	\$899	\$599
DUE AT RE-ENROLLMENT (monthly payment option, due at reenrollment May 17, 2023)	\$2,198	\$2,398	\$1,698	\$1,698	\$1,098
TOTAL RE-ENROLLMENT ANNUAL PAYMENT	\$12,389.50	\$14,289.50	\$9,339.50	\$9,339.50	\$6,189.50

Should you have any questions, feel free to call 407-435-9910 or e-mail info@mastertreeacademy.org

### **TUITION AGREEMENT**



Master Tree Academy Tuition Agreement Academic Year 2024/25

Student Program: Pr	rivate School (Full-	Day) Home	eschool (Full-Day)	5-Day	//Half-Day	2-Day/Full-Day
Payment Plan Options:	monthly	annually	Check	Zelle	Stripe	Venmo
As consideration for the accepta	nce and enrollment o	f my child at Master 1	Гree Academy (МТА), I а	gree to all the	following terms:	
1.I agree to pay the Master Tradeposit is equal to one month tuition (May 2025 only). Additionally books necessary for the school. I agree to pay my full monthly day of the month, a \$29.00 lates. I understand my child must act. I understand that there is no continue to be paid and days of lagree to pay a \$25.00 fee for 7.I understand that my child will 8. MTA may use photographs/vithat I can exclude my child's pg. I understand that I will be noticed sent the may be and graduation caps and gow 10. I understand that I will be noticed sent home with a fever, diarrhag positive test result, my studes. I understand that my child's classification, tutoring, day cate. I understand and agree that Note that I will be not increased and investment in my child's classification, tutoring, day cate. I understand that my participal an investment in my child's community events, volunteer 15. Tuition payments can be mad school year, I am responsible able to enroll a new student in 16. I am aware that MTA grants and 17. I understand that my child must la unde	Is tuition (amount depersionally, I agree to pay on the pay of year.  If tuition by the fifth date of eapplies. If tuition is there to the school houredit or substitutions grates have taken into coof absence may not be any check that is returned to be released only to the ideos of my child for no shotos from being take or erequired fees in additions. A copy of the MTA if	ending on your selected the annual material for yof each month by continuous and that all tardies is unpaid by the tenth ars and that all tardies iven for holidays, teach on the selected in the bank under the people whose name ewspaper articles, soft or published. To do the total total total total tardies in the people whose name ewspaper articles, soft or published. To do the total tota	ded Parent Choice Studentee upon enrollment or refere workdays, or school illness, and consequently upon the process of the upon the process. First, a conferent the process of the upon the up	t Program) and re-enrollment to tripe (online character) can be withdraw corded in his/h closings due to y, no credit is girmergency Formadia sites, brochube Media Conservarious field tripal fee. By child from Minas been symptomadatory, assions Committed agreement with rith school emprace with the claracter at special difference with the claracter at the cla	is credited to the last on ensure my child arges apply). If tuition from MTA until the restudent file. It weather or Coviditiven for absence do a tree, and other publication from the form. It is a tree and I will agree any employee of loyees. It is a tree and I will agree any employee of loyees. It is a tree and I will agree any employee of loyees. It is a tree and I will agree any employee of loyees. It is a tree and I will agree any employee of loyees. It is a tree and I will agree and I will agree any employee of loyees. It is a tree and I will agree and I w	ast month of the school year's will receive all materials and will receive all materials and ion is not received by the fifth he balance due is paid in full.  conditions. In the tuition must be licitly purposes. I am informed ation, specific school supplies are such notification. Any child four period. In case of a Covider to this placement.  MTA for extra-hour childcare will be scheduled, and then, in the scheduled, and then, in the scheduled are with the scheduled and the series and programs, to participate in the schedules of whether MTA is a fees.  Attend MTA.  The for information on calendary www.mastertreeacademy.org. The scheduled are series as a set forth herein a reasonable costs associated and origin, or religion. document becomes a legally scheduled and response to the scheduled and origin, or religion.
Student Name:				Tu	ition Paymen	t Plan:
	Signature	of parent(s)/gı	uardian(s) respon	sible for tu	ition	
Printed		Signature	e		D	ate
Printed ———		Signature	e		D	ate



#### **Enrolled Student Program:**

7	Private School	(Full-Day)	5-Day/Half-Day	2-Day/Full-Day	HS Umbrella
			AM Academic	AM Academic	Tutoring
	Homeschool	(Full-Day)	PM Projects	PM Projects	Parent Coachi

#### NOTIFICATION OF ABSENCE FROM SCHOOL

#### Dear parents and guardians,

School attendance is the responsibility of the parent. Our parent choice programs offer various freedoms in regard to attending school days and hours. However, since there is a strong relationship between attendance, academic performance, and social-emotional well-being of our children, it is important that parents take an active role in working with the school to ensure their child's attendance at the chosen student program.

It is, therefore, and for security reasons, our request, that you contact the school each time a student is absent. If you are enrolled in our Private School Program, this request is legally required.

With your application or re-enrollment package, you are receiving our updated attendance policy and forms. MTA offers different ways to notify us if your child will be absent. Your choices are:

Text Message on our Parent Teacher Communication App
Phone call: 407-435-9910
Email info@mastertreeacademy.org
Email info@mastertreeacademy.org

For our Private School students, absences are categorized as excused and unexcused and will be recorded in your student file. Please turn in a Tardy or Absence Form to excuse your student's absence; our student handbook (see Attachment 1) lists the reasons for which an absence may be excused (according to Florida School Board Statues - see Attachment 2).

I, herewith, acknowledge MTA's attendance policy:

Signature of parent/guardian



#### MTA SCHOOL ATTENDANCE POLICY

Regular attendance is important and required for private school program students by Florida Law (Section 1003,21, Florida Statutes) in Kindergarten through 5th Grade in private school.

#### For students in homeschool enrichment programs Section 1003.21, Florida Statutes do not apply.

Private School Program students who have had 15 or more unexcused absences within 90 calendar days may be subject to mandatory withdrawal from the school. This includes five tardies equaling one absence.

We kindly ask our Private and Homeschool Program students to help everybody to develop punctuality skills. Students with excessive tardies (more than 15 unexcused tardies per quarter) may be subject to mandatory withdrawal from the private school program. Five tardies to school equal one unexcused absence.

#### **Planned Absences**

We offer our Homeschool students the freedom to set up planned absences with us (180-Day mandatory attendance does not apply to Homeschool programs). However, understand that your child may feel excluded or left behind upon returning. We help you with the transition by providing a catch-up package for you to prepare and keep your student involved. Please use the provided Planned Absence Form (see forms package) to inform your child's teacher which weeks/days, classes, or projects your student will miss out on.

#### **Excused Absences**

In general, all students are excused for the following reasons:

- Medical appointments
- Counseling appointments
- Legal appointments
- Funeral of a family member or closely related friend
- Family emergency

#### **Parent Absence Note**

For students in Kindergarten through 5th Grade, a written note from the parent/guardian upon returning to school is required to explain the cause of absence.

An excused parent note (see forms package) is required to be submitted within 48 hours of student return. Please inform the school before g:00 AM if your child will be absent. Parents are encouraged to schedule doctor's appointments before school, after school, or during school break. It is the responsibility of the parent and child to obtain missed schoolwork from their teacher. In the event of a planned absence, the make-up package should be picked up prior to departure and completed within a week of return.

Students with medical conditions must provide documentation explaining health guidelines, medical applications, or special instructions (please add instructions in the medical form included in the enrollment packet.)



#### STATE OF FLORIDA DEPARTMENT FOR EDUCATION ATTENDANCE STATUES

#### **Attendance Requirement**

All children who have attained the age of six or who will have attained the age of six by February 1 of any year are required to attend school regularly during the entire school term. Children who will have attained the age of five years on or before September 1 of the school year are eligible for admission to public kindergartens during that school year under rules adopted by the district school board.

Any child who has attained the age of six years on or before September 1 of the school year and who has been enrolled in a public school or who has attained the age of six years on or before September 1 and has satisfactorily completed the requirements for kindergarten shall progress according to the district's student progression plan.

A student who attains the age of 16 years during the school year is not subject to compulsory school attendance beyond the date upon which he or she attains that age if the student files a formal declaration of intent to terminate school enrollment with the district school board. The school district must notify the student's parent of receipt of the student's declaration of intent to terminate school enrollment. Section 1003.21, F.S.

Minors between the ages of fourteen and eighteen years of age who do not attend school regularly will not be issued a learner's permit or will have their driving privilege suspended by the Florida Department of Highway Safety and Motor Vehicles. Section 322.091, F.S.

#### Parents' Responsibility

School attendance is the responsibility of the parent. Since there is a strong relationship between attendance and academic performance, it is important that parents take an active role in working with the school to ensure their child's attendance on a daily basis. Schools provide information regarding attendance policies and procedures at the beginning of the school year. Parents must contact the school each time a student is absent. However, methods of notification vary among schools. Absences are classified as excused and unexcused; local school board policy lists the reasons for which an absence may be excused. Section 1003.24, F.S.

#### **Attendance Policy**

Each district school board establishes an attendance policy that includes, but is not limited to, the required number of days each school year that a student must be in attendance and the number of absences and tardiness after which a statement explaining such absences and tardiness must be on file at the school. Each school in the district must determine if an absence or tardiness is excused or unexcused according to criteria established by the district school board. Section 1003.24, F.S.

#### **Enforcement of School Attendance**

It is the policy of the state that each district school superintendent is responsible for enforcing school attendance of all students. The responsibility includes recommending to the district school board policies and procedures to ensure that schools respond in a timely manner to every unexcused absence or absence for which the reason is unknown, of students enrolled in the schools. District school board policies must require parents to justify each absence of the student, and that justification will be evaluated based on adopted district school board policies that define excused and unexcused absences. To prevent the development of patterns of nonattendance, the policies require schools to track excused and unexcused absences and contact the home in the case of an unexcused absence from school or an absence from school for which the reason is unknown. Early intervention in school attendance matters is an effective way of producing good attendance habits that will lead to improved student learning and achievement. Section 1003.26, F.S.

MASTER TREE ACADEMY

**Excused Absence Request** 

rolled Student Program: Private School (Full-Day)	DAM Academic 2-Day/Full-Day	ATE
Homeschool (Full-Day)	PM Projects PM Projects	
STUDENT NAME:	TARDY	ENCE
EXCUSED ABSENCE REQUEST		
For:		
Medical appointment		
Counseling appointment		
Legal appointment		
Funeral of a family member or o	closely related friend	
Family emergency		
Other:		
Parent/Guardian Signature		

Should you have any questions, feel free to call 407-435-9910 or e-mail info@mastertreeacademy.org

Allowing Photos and Videos to be taken and published



Student Name:	Program:	Date:
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### **PHOTOS & VIDEOS**

Dear Parents and Guardians,
This is the official photo & video release form for students attending Master Tree Academy and/or participating in school programs offered by Master Tree Academy (MTA).  I herewith give my general permission to MTA  I herewith give limited permission
I want to be asked before publishing  (parent/guardian name) am allowing Master
Tree Academy to take photos of my child
(child's name). I also acknowledge that the school may or may not use these photos for any official publication released by the institution including online websites, social media, newsletters, and other print materials.
Thank you! Your MTA Team





Let us know how you would like to contribute

to MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events)  Yes  No	NAME:	EMAIL:	PHONE:
Address			
City State Zip Code Self-Employed Emptoyee Other Are you part of any networking organization Yes No Name If yes, would you be willing to introduce us to your networking organization? Yes No  Tell us about your business/profession/expertise/skills  My expertise is:  Employer Name and Address  I would like to volunteer as Parent Teacher Yes No  How much time can you afford to contribute? Hours Monthly Weekly Daily  What would you like to teach?  When could you start?  I would like to volunteer for Fundraising or Charity Events Yes No  I would like to become an MTA Ambassador by making a tax-deductible donation to MTA (not-for-profit organization under IRC 501 (c) (3), EIN. #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events) Yes No  Would you be willing to help us connect us with business foundations, grants or charity funds? Yes No  I can help with getting Donations/Sponsorships Yes No  Does you rompany sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)? Yes Do you know Donors, Businesses, Foundations or other Non-Profits that we should contact: Yes No	MTA Student	Grade	Mother Father
Are you part of any networking organization Yes No Name  If yes, would you be willing to introduce us to your networking organization? Yes No  Tell us about your business/profession/expertise/skills  My expertise is:  Employer Name and Address  I would like to volunteer as Parent Teacher Yes No  How much time can you afford to contribute? Hours Monthly Weekly Daily  What would you like to teach?  When could you start?  I would like to volunteer for Fundraising or Charity Events Yes No  I would like to become an MTA Ambassador by making a tax-deductible donation Yes Amou to MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events) Yes No  Would you be willing to help us connect us with business foundations, grants or charity funds? Yes I would like to help with Donor Recognition Yes No  I can help with getting Donations/Sponsorships Yes No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)? Yes No	Address	Profe	ession
If yes, would you be willing to introduce us to your networking organization?  Tell us about your business/profession/expertise/skills  My expertise is:  Employer Name and Address  I would like to volunteer as Parent Teacher	City State	Zip Code Self-F	Employed Employee Other
Tell us about your business/profession/expertise/skills  My expertise is:  Employer Name and Address  I would like to volunteer as Parent Teacher	Are you part of any networking orga	nization Yes No Name	е
Employer Name and Address  I would like to volunteer as Parent Teacher Yes No  How much time can you afford to contribute? Hours Monthly Weekly Daily  What would you like to teach?  When could you start?  I would like to volunteer for Fundraising or Charity Events Yes No  I would like to become an MTA Ambassador by making a tax-deductible donation to MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events)  Would you be willing to help us connect us with business foundations, grants or charity funds?  I would like to help with Donor Recognition  Yes No  I can help with getting Donations/Sponsorships  Yes No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes No	If yes, would you be willing to intr	oduce us to your networking organization?	Yes No
Employer Name and Address  I would like to volunteer as Parent Teacher	Tell us about your business/profes	sion/expertise/skills	
I would like to volunteer as Parent Teacher  Yes  No  Hours  Monthly  Weekly  Daily  What would you like to teach?  When could you start?  I would like to volunteer for Fundraising or Charity  Events  Yes  No  I would like to become an MTA Ambassador by making a tax-deductible donation  to MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events)  Would you be willing to help us connect us with business foundations, grants or charity funds?  I would like to help with Donor Recognition  Yes  No  I can help with getting Donations/Sponsorships  Yes  No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  No	My expertise is:		
I would like to volunteer as Parent Teacher  Yes  No  How much time can you afford to contribute?  Hours  Monthly  Weekly  Daily  What would you like to teach?  When could you start?  I would like to volunteer for Fundraising or Charity  Events  Yes  No  I would like to become an MTA Ambassador by making a tax-deductible donation  to MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events)  Yes  No  Would you be willing to help us connect us with business foundations, grants or charity funds?  I would like to help with Donor Recognition  Yes  No  I can help with getting Donations/Sponsorships  Yes  No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  No  No  No  No  No  No  No  No  No  N			
How much time can you afford to contribute? Hours Monthly Weekly Daily  What would you like to teach?  When could you start?  I would like to volunteer for Fundraising or Charity Events Yes No  I would like to become an MTA Ambassador by making a tax-deductible donation of MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events) Yes No  Would you be willing to help us connect us with business foundations, grants or charity funds? Yes I would like to help with Donor Recognition Yes No  I can help with getting Donations/Sponsorships Yes No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)? Yes Do you know Donors, Businesses, Foundations or other Non-Profits that we should contact: Yes No	Employer Name and Address		
What would you like to teach?  When could you start?  I would like to volunteer for Fundraising or Charity Events  Yes  No  I would like to become an MTA Ambassador by making a tax-deductible donation to MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events)  Yes  No  Would you be willing to help us connect us with business foundations, grants or charity funds?  I would like to help with Donor Recognition  Yes  No  I can help with getting Donations/Sponsorships  Yes  No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  No  No  No  No  No  No  No  No  No  N	I would like to volunteer as Parent	Teacher Yes No	
When could you start?  I would like to volunteer for Fundraising or Charity Events  Yes  No  I would like to become an MTA Ambassador by making a tax-deductible donation to MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events)  Yes  No  Would you be willing to help us connect us with business foundations, grants or charity funds?  I would like to help with Donor Recognition  Yes  No  I can help with getting Donations/Sponsorships  Yes  No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  No  No  No  No  No  No  No  No  No  N	How much time can you afford to co	ntribute? Hours	Monthly Weekly Daily
I would like to volunteer for Fundraising or Charity Events  I would like to become an MTA Ambassador by making a tax-deductible donation to MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221) I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events)  Would you be willing to help us connect us with business foundations, grants or charity funds?  I would like to help with Donor Recognition  Yes  No  I can help with getting Donations/Sponsorships  Yes  No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  No  No  No  No  No  No  No  No  No  N	What would you like to teach?		
I would like to become an MTA Ambassador by making a tax-deductible donation to MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events)  Would you be willing to help us connect us with business foundations, grants or charity funds?  I would like to help with Donor Recognition  Yes  No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  Do you know Donors, Businesses, Foundations or other Non-Profits that we should contact:  Yes  No	When could you start?		
I would like to become an MTA Ambassador by making a tax-deductible donation to MTA (not-for-profit organization under IRC 501 (c) (3), EIN: #87-3168221)  I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events)  Would you be willing to help us connect us with business foundations, grants or charity funds?  I would like to help with Donor Recognition  Yes  No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  Do you know Donors, Businesses, Foundations or other Non-Profits that we should contact:  Yes  No	Lyould like to volunteer for Funds	ising or Charity Events Yes	No
I am interested in organizing social fundraisers (VIP Dinners, Auctions, Special Events)  Would you be willing to help us connect us with business foundations, grants or charity funds?  I would like to help with Donor Recognition  Yes  No  I can help with getting Donations/Sponsorships  Yes  No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  No  No  No  No  No  No  No  No  No  N	I would like to become an MTA Amk	assador by making a tax-deductible donation	
Would you be willing to help us connect us with business foundations, grants or charity funds?  I would like to help with Donor Recognition  Yes  No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  Do you know Donors, Businesses, Foundations or other Non-Profits that we should contact:  Yes  No	,		(onts) Yes No
I can help with getting Donations/Sponsorships  Yes  No  Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  No  No  No  No  No  No  No  No  No  N			charity funds?
Does your company sponsor non-profits/donate in-kind items (supplies, t-shirts, banners, equipment)?  Yes  Do you know Donors, Businesses, Foundations or other Non-Profits that we should contact:  Yes  No	I would like to help with Donor Rec	ognition Yes No	Yes No
Do you know Donors, Businesses, Foundations or other Non-Profits that we should contact:  Yes  No	I can help with getting Donations/	Sponsorships Yes No	
Name of Overaginations	Does your company sponsor non-pr	ofits/donate in-kind items (supplies, t-shirts	, banners, equipment)?
Name of Organization: Contact Person: Phone/Email:	Do you know Donors, Businesses, Fo	undations or other Non-Profits that we shou	uld contact: Yes No
	Name of Organization:	Contact Person:	Phone/Email:

Should you have any questions, feel free to call 407-435-9910 or e-mail info@mastertreeacademy.org