Welcome to the ABIDE Family

Dear Parents,

Thank you for considering **ABIDE Learning Hubs** as part of your family's educational journey.

Choosing the right learning environment is one of the most important decisions you'll make for your child. We recognize that this decision involves more than academics. It involves trust. Thank you for allowing us the opportunity to introduce ourselves.

At ABIDE, we believe every child is uniquely created by God with purpose, gifts, and tremendous potential. Our desire is to provide a Christ-centered learning community where children are known, encouraged, challenged, and inspired to grow academically, spiritually, socially, and creatively.

We also believe that parents are a child's primary educators. Our role isn't to replace the family, but to come alongside you as partners. Together, we can create an environment where learning is joyful, character is cultivated, faith is strengthened, and genuine relationships flourish.

As you work through this enrollment packet, you'll notice that we ask questions about your child, your family, and your educational goals. Some questions help us provide a safe environment. Others help us understand how your child learns best. Every question has one purpose: helping us prepare to serve your family well from the very first day.

More than anything, we hope this packet communicates who we are.

We're a community that believes children should be known by name. A place where curiosity is encouraged and kindness matters. Where character is developed alongside knowledge. Where learning becomes an adventure rather than merely an assignment.

And where Christ remains at the center of everything we do.

Whether your family is just beginning to explore educational options or you've been homeschooling for many years, we hope you'll find ABIDE to be a place where your child is welcomed, valued, and encouraged to flourish.

Thank you again for considering ABIDE Learning Hubs.

We look forward to meeting your family and beginning this journey together.

With gratitude,
Maritza Morrison
Director, ABIDE Learning Hubs

FAMILY & LEARNING LEADER INTAKE PACKET

2026-2027 Program Year

Please complete one packet for each learning leader. Write "N/A" where a question does not apply. Information is used to understand your family, provide appropriate support, and document permissions. Keep a copy for your records.

Family Last Name	**Learning Leader Name**
Program / Hub	**Requested Start Date**

PACKET CHECKLIST	
☐ Learning Leader Information	☐ Parent / Guardian Information
☐ Emergency & Medical Information	☐ Prior Education & Records
☐ Academic & Learning Profile	☐ Challenges & Support Needs
☐ Passions, Interests, Gifts & Goals	☐ Christ-Centered Program Disclosure & Family Partnership
☐ Internet & Technology Agreement	☐ Media Release
☐ Activities / Transportation Permission	☐ Liability & Emergency Consent
☐ Program Disclosures	☐ Family Agreement & Signatures

"Abide in Me, and I in you... for without Me you can do nothing."

John 15:4-5 NKJV

LEARNING LEADER INFORMATION

Basic information used for enrollment, communication, and program planning.

IDENTITY & CONTACT

Legal First Name	**Middle Name**	**Legal Last Name**	
Preferred Name	**Date of Birth**	**Age**	**Grade / Learning Level**
Home Address			
City	**State**	**ZIP Code**	
Learning Leader Email (REQUIRED FOR LEARNING APPS)	**Learning Leader Phone (if applicable)**		

ENROLLMENT DETAILS

☐ New Family or Returning Family	☐ Homeschool
☐ Sibling Currently Enrolled	☐ Public School
☐ Private School	☐ Other Educational Setting
Requested Program / Hub	**Preferred Start Date**
Primary Language	**Other Languages Spoken / Understood**
Planned Attendance Days / Times	

FAMILY & DAILY LOGISTICS

Lives With	**Siblings / Ages**
☐ Parent drop-off	☐ Parent pickup
☐ Authorized adult pickup	☐ Self-release approved (older youth only)
☐ Transportation arranged separately	☐ Transportation, custody, schedule, or pickup details ABIDE should know:

PARENT / GUARDIAN & HOUSEHOLD INFORMATION

Please list every adult who has legal decision-making authority or regular communication responsibility.

PARENT / GUARDIAN 1

Full Legal Name	**Relationship to Learning Leader**
Mobile Phone	**Email**
Home Address (if different)	
☐ Legal guardian	☐ Educational decision-maker
☐ Primary contact	☐ Lives with learning leader
☐ Authorized pickup	

PARENT / GUARDIAN 2

Full Legal Name	**Relationship to Learning Leader**
Mobile Phone	**Email**
Home Address (if different)	
☐ Legal guardian	☐ Educational decision-maker
☐ Primary contact	☐ Lives with learning leader
☐ Authorized pickup	

CUSTODY, COMMUNICATION & AUTHORIZED ADULTS

☐ Parents/guardians share educational decision-making

☐ One parent/guardian has sole decision-making authority

☐ Court order or parenting plan applies

☐ No custody restrictions apply

Describe any custody, communication, or release restrictions. Attach current legal documentation when applicable:

Primary ABIDE Contact	**Preferred Contact Method** Call / Text / Email / App
Authorized Adult 1 / Phone	**Authorized Adult 2 / Phone**

EMERGENCY AND MEDICAL INFORMATION

Provide information needed to respond safely. ABIDE is not a medical provider.

EMERGENCY CONTACTS

Emergency Contact 1	**Relationship**	**Phone**
Emergency Contact 2	**Relationship**	**Phone**
Physician / Clinic	**Phone**	
Preferred Hospital		

HEALTH & SAFETY INFORMATION

☐ No known allergies	☐ Food allergy
☐ Medication allergy	☐ Environmental allergy
☐ Asthma / breathing concern	☐ Seizure history
☐ Diabetes / blood sugar concern	☐ Mobility / physical limitation
☐ Hearing / vision support	☐ EpiPen / rescue medication
☐ Dietary restriction	☐ Other health concern

Allergies, reactions, treatment instructions, and location of emergency medication:

Medical conditions, diagnoses, sensory needs, or physical limitations relevant to participation:

MEDICATION INFORMATION

☐ No medication during program hours

☐ Carries approved rescue medication

☐ Medication may be stored/administered under a separate written plan

☐ Parent will administer medication

Do not send prescription or over-the-counter medication without ABIDE approval, original labeling, and a separate written authorization that identifies the medication, dose, time, and instructions.

ACADEMIC AND LEARNING PROFILE

Focus on present skills, strengths, and the conditions that help learning happen.

Subject Area	Strength	Developing	Challenge	Notes / Current Level
Reading	☐	☐	☐	
Writing	☐	☐	☐	
Math	☐	☐	☐	
Science	☐	☐	☐	
History / Social Studies	☐	☐	☐	
Communication	☐	☐	☐	

LEARNING PREFERENCES & WORK HABITS

☐ Learns by seeing / reading	☐ Learns by listening / discussion
☐ Learns through movement / hands-on work	☐ Prefers independent work
☐ Prefers partner / group work	☐ Needs frequent breaks
☐ Works best with clear structure	☐ Works best with choice and flexibility
☐ Strong verbal expression	☐ Strong written expression
☐ Strong creative / project-based thinking	☐ Needs help starting or finishing tasks

What does your learning leader do well academically?

What usually causes frustration, avoidance, shutdown, or loss of confidence?

What strategies, accommodations, or encouragement have worked best?

HELPING US SUPPORT YOUR LEARNING LEADER

Share only information that will help ABIDE support safety, dignity, participation, and growth.

AREAS WHERE SUPPORT MAY BE HELPFUL		
☐ Attention / focus	☐ Organization / planning	☐ Task initiation
☐ Reading / language processing	☐ Math processing	☐ Memory / retention
☐ Fine motor / handwriting	☐ Sensory regulation	☐ Transitions / changes
☐ Communication / self-advocacy	☐ Peer relationships	☐ Conflict resolution
☐ Emotional regulation	☐ Anxiety / worry	☐ Low confidence / fear of failure
☐ Impulsivity	☐ Defiance / refusal	☐ Aggression / unsafe behavior
☐ Grief / major family change	☐ School trauma / bullying history	☐ Other

SUPPORT DETAILS

Describe the main challenges you want ABIDE to understand. Include examples, frequency, and situations where they are most likely to occur.

Known triggers, warning signs, or behaviors that indicate the learning leader is overwhelmed:

What helps the learning leader calm, reconnect, communicate, or return to learning?

Are there behaviors that may create a safety concern for the learning leader or others? Explain the safety plan currently used.

ABIDE staff may discuss whether the program can safely and appropriately meet a learning leader's needs.
Disclosure does not guarantee specialized services, one-to-one staffing, therapy, or special education services.

PASSIONS, INTERESTS, GIFTS, AND GOALS

ABIDE uses a child-led approach that notices curiosity, strengths, purpose, and meaningful goals.

INTERESTS & PASSIONS

☐ Art / design	☐ Music / singing	☐ Dance / movement
☐ Sports / fitness	☐ Nature / animals	☐ Science / experiments
☐ Technology / coding	☐ Gaming / digital creation	☐ Reading / storytelling
☐ Writing / journalism	☐ History / cultures	☐ Building / engineering
☐ Cooking / baking	☐ Business / entrepreneurship	☐ Leadership / public speaking
☐ Helping / service	☐ Faith / Bible study	☐ Theater / performance
☐ Photography / video	☐ Other	

What makes your child light up?

What topics or activities can your learning leader talk about or work on for a long time?

What talents, gifts, character strengths, or leadership qualities do you notice?

What does your learning leader hope to create, learn, improve, or accomplish this year?

FAMILY GOALS

Parent/guardian's top three academic goals:

Parent/guardian's top three personal, character, spiritual, social, or life-skill goals:

Long-term hopes, career interests, college/trade goals, or future plans (when applicable):

CHRIST-CENTERED PROGRAM DISCLOSURE / FAMILY PARTNERSHIP

Please read carefully. Initial each statement to confirm understanding.

ABIDE Learning Hubs is intentionally Christ-centered. Families are welcomed with dignity and respect, and participation includes exposure to Christian beliefs and practices as described below.

FAITH-BASED PROGRAM PRACTICES

____	ABIDE may begin or end activities with Christian prayer, worship, Scripture, Bible journaling, or devotional discussion.
____	Teaching and mentoring may reflect a biblical worldview and may connect academics, character, identity, service, and purpose to Christian faith.
____	Learning leaders may ask questions and participate in respectful discussion. ABIDE does not promise theological agreement among every family or participant.
____	Parents may contact ABIDE before enrollment to discuss a specific concern about a lesson, practice, holiday, activity, or faith-based component.
____	ABIDE expects respectful conduct toward staff, volunteers, families, beliefs, property, and program activities.

FAMILY PARTNERSHIP

____	Parent/guardian remains the primary educator and decision-maker for the learning leader, subject to applicable law and any court order.
____	Parent/guardian agrees to communicate relevant needs, support agreed goals, respond to concerns, and participate in conferences when requested.
____	ABIDE will seek to teach the heart before academics by combining relationship, character, responsibility, curiosity, and meaningful learning.
____	ABIDE may recommend additional evaluation, tutoring, counseling, medical support, or a different program when needs exceed available services.

☐ I understand and consent to participation in the Christ-centered program described above.

☐ I need a conversation with ABIDE before giving consent.

Parent / Guardian Printed Name _____ **Date** _____

Parent / Guardian Printed Name _____ **ABIDE Representative / Date** _____

INTERNET, TECHNOLOGY, AND DIGITAL CITIZENSHIP AGREEMENT

Parent permission and learning leader expectations for supervised technology use.

PARENT PERMISSION CHOICES

- ☐ I permit supervised internet access for educational purposes.
- ☐ I permit creation/use of educational accounts and learning platforms approved by ABIDE.
- ☐ I permit supervised use of AI-assisted educational tools when appropriate.
- ☐ I permit email or platform communication between my learning leader and approved ABIDE staff.
- ☐ I do not permit internet use. Contact me to plan non-digital alternatives.
- ☐ I have limitations or concerns listed below.

Technology limitations, parental controls, approved devices, or websites/apps that should not be used:

ACCEPTABLE USE EXPECTATIONS

- Use technology for assigned or approved educational activities and follow staff directions.
- Protect passwords and personal information; do not share another person's login, images, address, phone number, or private information.
- Do not access, create, send, or display sexual, violent, hateful, threatening, illegal, or otherwise inappropriate content.
- Do not bully, harass, impersonate, record, photograph, or post another person without permission.
- Do not bypass filters, change device settings, install software, use unauthorized chat/gaming, or damage devices, networks, or files.
- Cite sources, avoid plagiarism, and disclose when AI or another person substantially helped complete work.
- Report disturbing content, unsafe contact, cyberbullying, or accidental access to inappropriate material to an adult immediately.

PRIVACY & RISK ACKNOWLEDGMENT

ABIDE will use reasonable supervision and age-appropriate safeguards, but no filter, platform, device, or internet connection can eliminate every risk. Parent/guardian authorizes necessary educational use based on the choices above and understands that third-party providers may have their own privacy terms. ABIDE will not knowingly authorize commercial use of a child's personal information as an educational purpose.

Parent / Guardian Signature _____ **Date** _____

Learning Leader Signature (age appropriate) _____ **Date** _____

PHOTO, VIDEO, AUDIO, AND MEDIA RELEASE

Choose the level of permission that is right for your family.

LEARNING LEADER

Learning Leader Name	Program / Hub

CHOOSE ONE PERMISSION LEVEL

☐	**OPTION A - FULL PROGRAM MEDIA PERMISSION** I authorize ABIDE Learning Hubs to photograph, record, and use my learning leader's image, voice, artwork, projects, or participation for legitimate program purposes, including ABIDE's website, social media, newsletters, printed materials, presentations, fundraising, community outreach, and documentation. ABIDE will generally use a first name only or no name unless I separately approve more identifying information.
☐	**OPTION B – PROGRAM-ONLY PERMISSION** I authorize photographs, video, or audio only for private family communication, secure program platforms, internal documentation, class projects, or closed-group sharing. I do not authorize public website, public social media, advertising, press, or public fundraising use.
☐	**OPTION C - NO MEDIA PERMISSION** I do not authorize ABIDE to intentionally photograph, video record, audio record, publish, or share my learning leader. I understand ABIDE will make reasonable efforts to honor this choice, but incidental appearance in wide-angle group or public-event images may not always be preventable.

This permission remains in effect for the current program year unless revoked in writing. Revocation applies prospectively and may not require removal of materials already lawfully printed, distributed, archived, or published before ABIDE received the revocation.

Parent / Guardian Printed Name _____ **Date** _____

Parent / Guardian Signature _____ **Learning Leader Initials (optional)** _____

Classroom Participation & Shared Learning

ABIDE Learning Hubs uses collaborative learning experiences that may include group discussions, presentations, peer feedback, project displays, and classroom activities. As part of normal participation, learning leaders may naturally observe, discuss, or participate in one another's learning through classroom discussions, collaborative projects, presentations, displayed work, peer review activities, and other educational experiences. ABIDE encourages a respectful learning environment and teaches learning leaders to honor one another's privacy and intellectual work. Personal student records, grades, evaluations, and confidential information will not be shared except as permitted by law or with parent/guardian authorization.

☐ I understand that participation in ABIDE includes normal classroom sharing of learning activities and student work as described above.

ADDITIONAL CHOICES

☐ First name may be used	☐ No name may be used
☐ Artwork/project may be displayed with first name	☐ Parent approval required before any public feature
☐ Permission includes group photos	☐ Permission does not include interviews/testimonials

Specific restrictions or instructions:

ACTIVITIES AND TRANSPORTATION PERMISSION

Complete this form for routine program activities. Specific trips may require an additional notice or permission form.

ROUTINE PARTICIPATION PERMISSION

☐ Indoor learning activities	☐ Outdoor play / movement
☐ Sports / open gym	☐ Arts / crafts / tools with supervision
☐ Cooking / food preparation	☐ Community service activities
☐ Walking trips near the program site	☐ Field trips to third-party locations
☐ Water activities only with separate written notice	☐ I have restrictions listed below

Activity restrictions, physical limitations, allergies, supervision needs, or other instructions:

TRANSPORTATION PERMISSION

☐ Parent/guardian will provide all transportation.

☐ Learning leader may ride with an authorized ABIDE staff member/volunteer in an insured vehicle when separately arranged.

☐ Learning leader may ride in a chartered bus/van or third-party transportation arranged for a program activity.

☐ Learning leader may not be transported by ABIDE or another family without separate written permission.

☐ Learning leader may be released to the authorized adults listed in this packet.

☐ Older youth may self-release only under a separate written plan.

TRANSPORTATION EXPECTATIONS

- All occupants must use available seat belts or legally required child restraints.
- Learning leaders must follow driver and chaperone directions and remain respectful and safe.
- ABIDE may change or cancel transportation when weather, vehicle, staffing, behavior, or safety concerns arise.
- Parent/guardian must be reachable and must promptly retrieve the learning leader when requested.

Authorized Pickup Adult 1	**Phone**
Authorized Pickup Adult 2	**Phone**

Parent / Guardian Signature _____ **Date** _____

ABIDE Representative **Date**

ASSUMPTION OF RISK, LIABILITY RELEASE, AND EMERGENCY CONSENT

Template for attorney and insurance review before use. Read carefully before signing.

ACKNOWLEDGMENT OF RISKS

I understand that participation in ABIDE Learning Hubs may include classroom activities, physical movement, sports, open gym, outdoor activities, tools and art materials, cooking, community service, transportation, field trips, interaction with other participants, use of third-party facilities, and exposure to ordinary illnesses. These activities may involve inherent and other risks, including falls, collisions, cuts, allergic reactions, property damage, illness, serious injury, or other loss. I have disclosed relevant health, behavioral, allergy, medication, and safety information. I will update ABIDE promptly when information changes. I may ask questions, decline a specific optional activity, or withdraw my learning leader from an activity before participation.

EMERGENCY CARE AUTHORIZATION

If I cannot be reached in an emergency, I authorize ABIDE staff or volunteers to provide basic first aid, contact emergency services, and arrange transportation to an appropriate medical facility. I authorize licensed medical professionals to evaluate and provide treatment reasonably considered necessary under the circumstances. I understand that ABIDE cannot guarantee a specific provider or facility and that I am responsible for medical, ambulance, and related costs not covered by insurance.

RELEASE & RESPONSIBILITY

To the fullest extent permitted by Arizona law, I release and agree not to hold ABIDE Learning Hubs, its directors, officers, employees, contractors, volunteers, hosts, and authorized partners liable for claims arising from the ordinary risks of participation or ordinary negligence. This release does not apply to gross negligence, reckless or intentional misconduct, or any claim that cannot legally be waived. I understand that the enforceability of a parent-signed release involving a minor may be limited and that ABIDE recommends independent legal review. I agree to be responsible for loss or damage caused by my or my learning leader's intentional, reckless, or willful misconduct. I understand that personal property is brought at the family's risk unless a separate written agreement states otherwise.

INITIALS

Risk Acknowledgment Initials	Emergency Care Initials	Release Initials
☐ I have read this form completely.		
☐ I had an opportunity to ask questions.		
☐ I understand I may seek legal advice before signing.		

Parent / Guardian Printed Name _____ **Relationship** _____

Parent / Guardian Signature **Date**

Learning Leader Signature (age appropriate) _____ **Date** _____

ABIDE Representative **Date**

PROGRAM DISCLOSURES AND PARENT ACKNOWLEDGMENTS

Initial each statement. Ask ABIDE to explain any item you do not understand.

____	Primary Educator. Parent/guardian remains primarily responsible for the learning leader's education, legal educational status, attendance records, required notices, curriculum decisions, testing, transcripts, graduation planning, and compliance with applicable law unless a separate written agreement states otherwise.
____	Program Status. ABIDE is a Christ-centered learning hub and family support program. Unless specifically stated in a separate written agreement, ABIDE is not a public school, accredited diploma-granting institution, childcare provider, medical provider, mental health provider, or special education agency.
____	No Guaranteed Outcome. ABIDE does not guarantee a grade level, test score, credit, diploma, admission, behavior change, spiritual outcome, or academic result.
____	Services and Staffing. Group size, instructors, volunteers, location, schedule, curriculum resources, activities, and delivery method may change for safety, staffing, weather, facility, financial, or program reasons.
____	Specialized Needs. ABIDE may use reasonable strategies but does not guarantee one-to-one care, therapy, special education, nursing, or accommodations that fundamentally change the program or exceed available staffing.
____	Behavior and Safety. ABIDE may pause participation, require pickup, create a support plan, suspend, or dismiss a learning leader when behavior threatens safety, repeatedly disrupts the program, damages property, or exceeds available support.
____	Communication and Confidentiality. ABIDE will use reasonable care with family information, but confidentiality cannot be guaranteed in group settings, shared facilities, emergencies, legal reporting, or communication through third-party platforms.
____	Reporting and Cooperation. ABIDE will comply with applicable safety, child-protection, emergency, and reporting laws. Families agree to cooperate with reasonable safety inquiries and provide accurate information.
____	Fees and Attendance. Tuition, refunds, absences, late pickup, supplies, and payment obligations are controlled by the enrollment or financial agreement, not this packet.
____	Property and Personal Items. ABIDE is not responsible for ordinary loss, theft, or damage to personal devices, clothing, supplies, money, or other items brought to the program.
____	Updates. Parent/guardian will notify ABIDE promptly of changes to contact information, custody, authorized pickup, allergies, medication, health, behavior, or other information affecting safety or participation.

Before use, tailor these disclosures to ABIDE's exact legal structure, enrollment model, insurance coverage, locations, transportation practices, medical procedures, refund policy, and services.

FAMILY AGREEMENT AND SIGNATURES

This signature page confirms completion of the intake packet and selections made on separate forms.

PARENT / GUARDIAN CERTIFICATION

I certify that the information in this packet is accurate and complete to the best of my knowledge. I understand that ABIDE relies on this information to make enrollment, staffing, safety, and program decisions. I agree to update ABIDE promptly when information changes. I acknowledge that I have received, reviewed, and completed the applicable forms in this packet, including the Christ-Centered Program Disclosure, Internet and Technology Agreement, Media Release, Activities and Transportation Permission, Assumption of Risk and Emergency Consent, and Program Disclosures. I understand that checking a permission box, initialing a statement, or signing this page does not replace any separate tuition agreement, behavior plan, medication authorization, field-trip permission, records release, or individualized service agreement that ABIDE may require.

PERMISSION SUMMARY - ADMINISTRATIVE CHECK

☐ Faith disclosure signed	☐ Internet permission granted
☐ Internet permission limited/declined	☐ Full media permission
☐ Limited internal media permission	☐ No media permission
☐ Routine activity permission granted	☐ Transportation permission granted
☐ Transportation limited/declined	☐ Liability/emergency form signed
☐ Additional plan or follow-up required	

SIGNATURES

Learning Leader Full Name	**Program / Hub**
Parent / Guardian Printed Name	**Relationship**
Parent / Guardian Signature	**Date**
Second Parent / Guardian Signature (if required)	**Date**
Learning Leader Signature (age appropriate)	**Date**
ABIDE Representative	**Date**

PARENT NOTES OR QUESTIONS

List any remaining questions, conditions, follow-up requests, or documents that will be provided later:

ABIDE Administrative Use: Do not mark enrollment complete until required signatures, emergency contacts, custody restrictions, health alerts, and permission choices have been reviewed.

ABIDE ADMINISTRATIVE INTAKE REVIEW

Internal use only - remove or separate from the family's copy when appropriate.

FILE REVIEW

☐ Identity/contact complete	☐ Guardianship/custody reviewed	☐ Emergency contacts verified
☐ Medical alerts flagged	☐ Medication plan needed	☐ Prior records received
☐ Records request needed	☐ Academic profile reviewed	☐ Support meeting needed
☐ Faith disclosure signed	☐ Technology selection recorded	☐ Media selection recorded
☐ Activity/transport selection recorded	☐ Liability/emergency form signed	☐ Financial agreement complete
☐ Enrollment approved	☐ Enrollment pending	☐ Enrollment declined / referred

SAFETY / SUPPORT FOLLOW-UP

Key strengths and interests to communicate to learning leaders:

Academic, behavioral, sensory, medical, emotional, or safety supports to plan:

Questions for parent/guardian or records still needed:

ENROLLMENT DECISION

☐ Approved as requested

☐ Approved with support plan

☐ Trial / observation period

☐ Pending records or meeting

☐ Alternative schedule/program recommended

☐ Unable to safely or appropriately serve at this time

Start Date	**Assigned Group / Lead**
Reviewed By	**Date**
Approved By	**Date**
Parent Follow-Up Completed By	**Date**