



Science, Etc. 2018-2019 Registration Form

Please submit one form per child

Student Name: _____ Date of Birth: _____

Address: _____

City/Zip Code: _____ Home Phone: _____

Parents' Names: _____

Dad Cell Phone: _____ Mom Cell Phone: _____

Primary email address: _____

Please list any allergies: _____

Names of Siblings enrolled in Science, Etc. _____

Emergency Contacts (If we cannot contact parents, we will try your emergency contacts)

Name: _____

Phone Number: _____

Relationship: _____

Name: _____

Phone Number: _____

Relationship: _____

How did you hear about us? _____

For Office Use Only: Intake initials: _____

Date Paid	Check #	Check Total	Registration/Security	Supply Fees

Class Name/Subject	Class Age	Day (T-W-Th)	Time

Registration, security, and supply fees are due at time of registration.

Supply Fees:

Class Name/Subject	Amount	Payable to

Medical Emergency Authorization and Consent 2018-2019

The undersigned, being the parent or guardian of the below-named student enrolled at Science, Etc., declares that in the event of a medical emergency, if reasonable efforts to reach me are not successful and if in the opinion of a properly licensed and practicing physician, my child needs medical or surgical treatment, which would otherwise require my consent, then Science, Etc.'s representative would act as my agent to give consent for such treatment. I hereby release said persons and agree to indemnify them against any liability arising out of the exercise of the authority hereby granted. Any such person or entity may rely upon a photocopy of this Authorization and Consent as being fully effective and binding upon me as if it were an executed original. **THIS IS A RELEASE AND MEDICAL TREATMENT FORM. PLEASE READ CAREFULLY BEFORE SIGNING.**

Child's name: _____

Insurance Carrier: _____

Policy Number: _____

Parent/ Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____

Emergency Medical Authorization for Off-Campus Field Trip or School Sponsored Activity

I give permission to the faculty, staff, or designated volunteers to take my child, _____, on field trips or other school sponsored activities. In the case of an accident, injury, or illness, I authorize any medical help needed for my child. I will not hold Science, Etc. liable in the case of any accident, injury, or illness. I understand that I will be given sufficient notice of each field trip. Sign Here: _____

Safety Issues of Science, Etc.

In order to ensure the protection of your child and his/her classmates, it is the policy of Science, Etc. that no one is allowed to bring any potentially dangerous tools or instruments to this campus. These include, but are not limited to, the following: **whips, knives, fingernail files, chains, and ropes**. Parents should help their child make wise decisions on what are appropriate items to bring to school. **Each child is expected to honor their classmates by loving actions and kind words of encouragement.** All violations will be administered in the following manner: each child will have his/her situation addressed based on the biblically-based character qualities taught here, such as compassion, grace, and forgiveness balanced with age-appropriate consequences designed according to each individual personality. If the consequences are not working, further action will be necessary. If a child is not cooperating, he/she will be asked to leave Science, Etc. Initial Here: _____

One Year Science, Etc. Commitment

This is a ***one school year commitment***. Notification of intent to drop a class must be made in writing to administration one week prior to the next calendar month. All changes, adds, and drops are free of charge for the first two weeks of September. There is a \$25.00 fee assessed per class change. This does not apply to classes dropped or changed by Science, Etc. Class changes to a class taught by the same teacher will not incur drop or other penalties. ***Please make every effort to have your child at each class through the year, to arrive on time, and to pick them up promptly at the appointed time.***

The following Tuition Contract has been changed.

Please read it carefully before signing.

You are signing a binding legal document.

Tuition Contract

This is a nine month (one school year) commitment. Tuition payment is due on the 7th of each month. After the 15th, a \$50 late fee is assessed. Payments may be made in person, by mail to our address, or you may access our on-line bill payment system on the first page of our website, www.scienceetc.com. For your convenience, we accept checks and most major credit cards. We do not accept cash. Your account must be up-to-date for your student to attend class.

Due to the adverse impact of semester dropouts on school and teacher finances and planning, a drop policy fee is necessary. You will have *two weeks* from the child's first day of class to drop out without incurring a drop fee. **If you drop any or all classes from and after the last day of the second week of school (September 13, 2018), 100% of the monthly tuition due for the remainder of the year are due.**

I have read and understand the policy of Science, Etc. regarding my financial responsibility, and I agree to the terms set out above.

Sign here: _____

Late Pick-up

Students must be picked up by 3:40 pm, or a \$25 late pick-up fee will be charged.

Sign here:

Lunchroom Policies and Behavior Expectations

Please make sure your child's lunch does not need to be refrigerated or warmed. Please instruct your children regarding appropriate behavior, before and after class. During lunch, as in all areas of our lives, we encourage wholesome speech, kind actions, and servant's hearts. Classroom rules will be given by individual teachers and will need to be followed by all students. Monitors for the lunchrooms and study halls are here to supervise children. All students will be required to clean up their spots after lunch. This is an opportunity for children to learn! Please make your child is aware of this.

Initial Here: _____

I agree to abide by these rules and instruct my children to do so as well.

Parent Signature:

Photo Release Form

I grant to Science, Etc., its representatives, and employees the right to take photographs of _____ and his/her property in connection with the above-identified subject. I authorize Science, Etc., its assigns, and transferees to copyright, use and publish the same in print and/or electronically. I agree that Science, Etc. may use such photographs of _____ with or without his/her name and for lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature:

Printed Name:

Address:

Date:

Signature, parent or guardian (if under age 18):

Off Campus Permission Slip FOR 13-18 YEAR-OLDS ONLY (please complete one form per child)

I, _____, give permission for my **13-18 year old son/daughter**

_____ to leave his last class and walk outside to my car or to drive himself home. I will not hold Science, Etc., its employees, Connell Baptist Church, or any teacher or volunteer responsible for my child's safety. I understand that if he is not driving himself and I am not here within 5 minutes of the end of his last class, my child will not be allowed to wait outside but will return to the security station where I will come to get him in person. *I also understand that with repeated tardiness, this privilege will be revoked.*

_____ (Initial) Lunch Period: **My 16 to 18 year old** has permission to leave campus for lunch. ***Please only initial if you agree, otherwise the student will have lunch in the lunchroom or another designated room. Repeated tardiness to the after lunch class will result in revoking this privilege.***

It is up to the parent to monitor with whom their child is riding.

Special Instructions:

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Science Etc. Registration
Parent Questionnaire
FOR RETURNING AND NEW FAMILIES

Student's Name: _____ Age: _____

Birthday: _____ Current School: _____
Grade: _____ Date of last assessment testing, if applicable: _____

Parent/Guardian Names:

Does student live with both parents? _____

If not, who has primary custody? _____

Are there court orders affecting either parent's relationship with this student? _____

If yes, please summarize:

Tell us about your church family. Are you a regular attender or member? _____

Name of church: _____

City/Town _____

If you are a new student family, please give us the names and phone numbers of two references that are not family members:

Tell us about your interest in Science, Etc.

Please give us details of your student's developmental history, health problems, or illnesses that may affect his/her learning.

Is your student on medication for any condition? If yes, please tell us the medication name.

Please list schools (and cities/towns) your student has attended and grades attended/completed. Please include reason for leaving.

How does your child feel about school? Which areas does he/she seem confident? Which areas does he/she seem to struggle?

Has your child ever had behavior problems at school or home? If yes, please describe.

Is there anything else you think we should know about your child or family that will help us understand how better to teach him or her?

You may mail completed registration forms and the applicable tuition and fees to:

Science, Etc.
4736 Bryce Avenue
Fort Worth, Texas 76107