

For office use only: Date Submitted _____		Time Submitted _____	
Fees Received: _____	Registration _____	Security _____	Facility _____
			Check # & Amt. _____

Science, Etc. 2024-2025 Registration Form

Fees 2024-2025

Registration Fee: \$175 per student before 5/31/24; \$200 per student after 5/30/24

Security Fee: \$175 per family

Facility Fee: \$100 per family

Checks for registration, security and facility fees should be made payable to Science, Etc. and can be combined into one check.

Family Information:

Family Last Name: _____ Primary Email: _____

Father's Name: _____

Father's Cell #: _____ Father's Email: _____

Mother's Name: _____

Mother's Cell#: _____ Mother's Email: _____

Address: _____ City: _____ Zip: _____

With whom does/do the student(s) live? _____

If student(s) do not live with both parents, please provide a copy of the executed court order affecting custody of each student registering.

Person Financially responsible: _____

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

Name: _____

Phone # _____ Relationship: _____

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

Name: _____

Phone # _____ Relationship: _____

Student(s) Enrolling:

Student #1:

Name: _____

Birthdate: _____ Age: _____ Gender: _____

Student #2:

Name: _____

Birthdate: _____ Age: _____ Gender: _____

Student #3:

Name: _____

Birthdate: _____ Age: _____ Gender: _____

Student #4:

Name: _____

Birthdate: _____ Age: _____ Gender: _____

Student #5:

Name: _____

Birthdate: _____ Age: _____ Gender: _____

Student #6:

Name: _____

Birthdate: _____ Age: _____ Gender: _____

Please read the following Tuition Contract carefully before signing:
YOU ARE SIGNING A LEGAL DOCUMENT

TUITION CONTRACT

This is a nine-month (one school year) commitment. You will be contacted by FACTS Tuition Management after your registration is complete. All tuition payments must go through FACTS Tuition Management. Your account must be up to date for your student(s) to attend class(es).

Due to adverse impact of semester dropouts on school and teacher finances and planning, a drop policy fee is necessary. You will have two weeks from your student's first day of class to drop a class.

**If you drop any or all classes from or after
the last day of the second week of school (September 13, 2024),
100% of the monthly tuition for the remainder of the year is due.**

Initial here: _____

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

Signature: _____ Date: _____

Print Name: _____

Medical Emergency Authorization and Consent 2024-2025

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 or medical professional, my child needs medical or surgical treatment which would otherwise require my consent, then Science, Etc.'s representative has my permission to act as my agent to give consent for such treatment. I hereby release said person or 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.

Student(s) Name(s):

_____	_____
_____	_____
_____	_____

Insurance Carrier: _____

Policy Number: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____ Date: _____

Physician's Name: _____ Phone #: _____

Location of Practice: _____

Dentist's Name: _____ Phone#: _____

Location of Practice: _____

Student #1:

Full Legal Name: _____

Allergies to medication: _____

Please note significant medical information, medications, conditions currently being treated, other allergies, etc.: _____

Student #2:

Full Legal Name: _____

Allergies to medication: _____

Please note significant medical information, medications, conditions currently being treated, other allergies, etc.: _____

Student #3:

Full Legal Name: _____

Allergies to medication: _____

Please note significant medical information, medications, conditions currently being treated, other allergies, etc.: _____

Student #4:

Full Legal Name: _____

Allergies to medication: _____

Please note significant medical information, medications, conditions currently being treated, other allergies, etc.: _____

Student #5:

Full Legal Name: _____

Allergies to medication: _____

Please note significant medical information, medications, conditions currently being treated, other allergies, etc.: _____

Student #6:

Full Legal Name: _____

Allergies to medication: _____

Please note significant medical information, medications, conditions currently being treated, other allergies, etc.: _____

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 student(s) listed below, on field trips or other school sponsored activities.

Student(s) Name(s):

In the case of an accident, injury, or illness, I authorize any medical help needed for my child according to the above Medical Emergency Authorization and Consent. I will not hold Science, Etc. or any of its representatives (teachers, teacher aides, parent chaperones) liable in the case of any accident, injury, or illness. I understand that I will be given sufficient notice of each field trip.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____

Photo Release Form

I grant to Science, Etc., its representatives, and employees the right to take photographs of:

List student(s) names:

I authorize Science, Etc., its assignees, and transferees to copyright, use, and publish the same in print and/or electronically. I agree that Science, Etc. may use such photographs of my student(s) using only his/her/their first name, and for lawful purpose, including for example, such purposes as publicity, illustration, advertising, web content and annual yearbook.

Signature: _____

Printed Name: _____

Address: _____

Date: _____

Parent Questionnaire
FOR RETURNING AND NEW FAMILIES

Student's Name _____ Age: _____

Current School: _____ Grade: _____

Date of last assessment testing: _____ # years homeschooled? _____

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.

Does your student have any medical conditions or learning disabilities that we should be aware of? If yes, please describe.

Is your student on medication? If yes, please tell us the medication name and what it is prescribed for.

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?
