

Science, Etc.
Class Registration Form

Student's Name: _____ Boy
Girl

 Birthday: _____

 Address: _____

 City/Zip _____

 Home Phone: () _____

Parents' Names: _____

 Work Phone: () _____

 Pager/Mobile: Mom() Dad() _____

 Email address: _____

List any allergies: _____

Siblings Names: _____
(enrolled at Science, Etc.)

Registration, Supply & Text Fees are due at the time of registration.

Classes	Class Age	Day of the Week	Time

If we cannot contact parents we will try your Emergency Contact.

Emergency Contact:

Contact Name: _____

Phone Number: () _____

Relationship: _____

2nd Contact Name: _____

Phone Number: () _____

Relationship: _____

Please read, initial & sign the information on the back. →

Office Use Only:

Date Paid	Check #	Check Total	Registration	Supply Fee	Tuition

For information contact us at scienceetc.com or 817-870-1884

Please mail registration to:
Science, Etc.
c/o Paulette Robison
P.O. Box 471568
Fort Worth, Texas 76147

Referred by: _____

Heard about from: _____

Medical Emergency Authorization and Consent 2010-2011

The undersigned, being the parent or guardian of the named below 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. would act as my agent to give authorization consent for such treatment, and I hereby release any doctor, or hospital from any liability which may otherwise occur as a result of providing such services in reliance upon this Authorization and Consent and that 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.

Insurance Carrier: _____ Policy Number: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Authorization for Off Campus Field Trip of School Sponsored Activity

I give my permission to the faculty, staff of 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. Please sign after reading: _____

Safety Issues of Science, Etc.

In order to assure the protection of your child and their 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's personality and emotional stability. 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. _____

Authorization for Phone Number and Address Release for School Directory

This directory will be released only to those parents, with children enrolled this year at Science, Etc./Tree-Frog. It is strictly for the use of parents to get help with homework assignments, car-pooling, parties, etc. Please do not share this information with anyone outside of Science, Etc. _____

Science, Etc. Commitment

This is a one-school year commitment, understanding that there may arise certain situations that are unavoidable and each situation will be evaluated on an individual basis. **Notification must be made in writing to Registration/Bookkeeping one week prior to the next month. Class fee changes will apply.** Please make every effort to have your child (ren) at each class through the year, arrive on time, and to pick them up promptly at the appointed time. There is a \$1 per minute late fee if you pick-up later than 5 minutes. _____

*****Drop Policy Fees*****

Due to the adverse impact of semester dropouts on school finances and planning, a **drop policy fee** is necessary. You will have one month from the child's first day of class to drop out without incurring a drop fee. If you drop any or all classes in **October or November, 30% of the remaining years tuition; December – January, 60%** of the remaining year; **February-April will necessitate paying 100%** of the monthly fees due for the remainder of the school year.

Sign here _____

Lunchroom Policies and Behavior Expectations

Parents, please be aware that we have only a small refrigerator and microwave available. Please try to make sure your child's lunch does not need to be refrigerated or warmed up. The lunchroom is available only to those whose classes are before and after lunch. Please refrain from eating outside of the timeframe designated for lunch. Please instruct and supervise your children regarding appropriate behavior before, and after class. The rules during class will be taught and will need to be followed by your child (ren). This includes behavior on the playground, in the lunchroom, and down the halls. Monitors for the lunchrooms are not there to clean up but to supervise the children. This is an opportunity for children to learn self-governing. Please make your child aware of this. _____

Please, initial after each category above, then sign below if you have read and understand all of the information on this page, and the 'Tuition and Fees' page posted on the website. I agree to abide by these rules and instruct my children to do so as well.

Parent Signature Date

Dear Parents,

Because of our multiple expansions, we felt it necessary to clarify our mission and expectations.

After reading the following, please sign if you can uphold and support our purposes.

Our Mission and Philosophy

Science, Etc. is a fun, hands-on, Biblically based, enrichment program designed for the Christian home school and pre-school parent. Our purpose is to supplement, enrich, and come alongside you to further your child's academic and spiritual development. We want to train minds to think critically and reason from a Christian perspective. We do not discriminate against color or religion, but ask for your support of our philosophy.

Requirements of our Students and Parents

We require our students and parents to help us maintain our standard of excellence by following a few simple guidelines:

Guidelines For Our Students:

1. Students are to obey and respect the authority of the teachers at all times. Any ongoing problem will necessitate dismissal.
2. Students are to honor fellow students with courtesy and good manners. Any ongoing problem will necessitate dismissal.
3. A student will complete their assignments as instructed. Adjustments can be made if prior arrangements are made with the teacher.

Guidelines For Our Parents:

1. Parents are asked to reinforce the importance of mutual respect and order by following the student guidelines (listed above) when in the classroom.
2. Parents should promote student confidence by assisting their child in their assignments, but not doing it for them.
3. Parents may not take their children's classes. Observations are welcome, but constant visiting can hinder a child's self-confidence and independence.
4. Should parents wish to speak to the teacher concerning a question, suggestion, or an opposing opinion, conferences can be scheduled outside of class time.

I pledge to support the mission, philosophy, and requirements set forth by the guidelines above.

Signed: _____ Date: _____
(Parents or guardian)

Off Campus Permission Slip
Complete one form per student

I, _____, give permission for my **13-18 yr. 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, Faith Community Church, any teacher or volunteer responsible for my son's/daughter'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 son/daughter will not be allowed to wait outside but will return to the lunchroom where I will come to get him/her in person. ***I also understand that with repeated tardiness, I will incur late fees of \$5.00 per every 5 minutes, and this privilege will be revoked.***

_____ (initial) **Lunch Period:** My 16 or 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. 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: _____

Parents Signature: _____ Date: _____