

STEM Student Registration Form 2017/2018 (FALL Semester)

Student Name: _____ Age as of 9/1/17: _____

Student DOB _____ Email Address _____

Parent's Names _____ Address: _____

Mom Cell # _____ Dad Cell # _____

Other Emergency Contact Name: _____

Emergency Contact Phone # _____ Relation to Student _____

Is there anyone other than mom or dad who is authorized to pick up your child from STEM? If so, please list name and relationship _____

T-Shirt Size: (Circle one) YS YM YL YXL S M L XL

IMPORTANT PAYMENT INFORMATION: By signing below, I agree to the following:

____ **STEM Tuition K – 8th grade** – STEM students (from Spring 2016 or prior semesters) - \$225/student
FISH members \$225/student – BHSF members \$235/student – All others \$250/student
(please indicate your tuition rate by circling one of these options) **(Checks should be made payable to BSBC)**

____ **STEM Tuition 9th – 12th grade** – STEM students (from Spring 2016 or prior semesters) - \$275/student
FISH members \$275/student – BHSF members \$285/student – All others \$300/student ***This amount includes a \$50 non-refundable lab fee.
(please indicate your tuition rate by circling one of these options) **(Checks should be made payable to BSBC)**

____ **A \$75 non-refundable deposit is required to hold your child's spot. If the classes fill and there is not room for your child, your deposit will be returned.**

____ I understand that the **FINAL PAYMENT** must be received by **5:00 PM** on the **FINAL DUE DATE** of **June 30, 2017** and that these **deadlines are FIRM**, no exceptions. I further understand that my deposit will be processed and my child's place in class may be awarded to another student on the waiting list the morning immediately following the deadline.

____ Refunds are as follows: Tuition refunds (less the \$75 non refundable deposit & HS lab fee) will be given up until April 27, 2017. No refunds will be issued after this date so that supplies can be purchased.

****IF your student has allergies or a medical condition, please fill out the following page.**

Sign here _____ Date _____

STUDENT NAME _____

GRADE Level: (Circle one) K-2nd 3rd-5th 6th-8th 9th-12th

Medical Information: Allergies _____

Health Conditions or Physical or Learning Challenges: _____

Medications: _____

Please list any other information that would be helpful to teachers: _____
