


After School Pickup + Summer Camp

STEM Encounters



Afterschool Pickup

Summer Camp

Year-Round

Single Day Pickup

Workshops and Fun Nights

Day Camps



STEM SERVICES CONTRACT 2024-20

TEACHER'S INITIALS: _____

PARENT FULL NAME _____

STREET _____

DRIVER'S LICENSE NUMBERS _____

CITY _____ STATE NC ZIP _____

STUDENT 1 _____ DATE OF BIRTH _____ SCHOOL _____ GRADE _____ DISMISSAL TIME _____

STUDENT 2 _____ DATE OF BIRTH _____ SCHOOL _____ GRADE _____ DISMISSAL TIME _____

STUDENT 3 _____ DATE OF BIRTH _____ SCHOOL _____ GRADE _____ DISMISSAL TIME _____

- Registration Fee (non refundable)..... \$50/household
- Afterschool Pickup..... \$95.00/week
- Year Round (Afterschool Pickup + Summer)..... \$99.00/week
- Afterschool Part-time (1-3 days). M T W Th F \$80.00/week
- Afterschool Single Day Pickup (when available)..... \$32.00/pickup

Drop in Non Contracted Options:

- Single Day Camp(no contract)..... \$50.00/day
- Weekly Day Camp(no contract)..... \$195.00/week

Preschool Options:

- Noon Pickup (Lunch Bunch)..... \$105.00/week
- Noon Pickup Part-time (1-3 days) M T W Th F \$85.00/week

START PICKING UP ON: _____ / _____ / 20 _____ or I'm unsure of the date, but pick up on the first day of school, please.

A credit or debit card is required to register. The credit or debit card will be used in the event of a missed payment. The credit or debit card will also be used to make account current due to improper withdrawal. The credit or debit card may be used to secure payment without further notification. We prefer cash or checks but will run a credit/debit card by request. Please pay weekly each Monday. The Late fee is \$5 each time a payment is late - please include it if you pay late. PLEASE DON'T WRITE "CARD ON FILE" In the event of closure due to Covid-19, tuition is still due as normal.

NAME ON CARD _____

NUMBER ON CARD _____

SIGN HERE - I Agree To All The Terms Stated Above

EXP DATE _____ 3-DIGIT CODE _____ BILLING ZIP CODE _____

Please run my card every week _____

THIS IS A CONTRACT You are registering your child (or children) with STEM Encounters for the entire semester, or its remaining days (and next summer, if selecting Afterschool Pickup+Summer option). If you wish to withdraw prior to the end of this contract, then a paid four-week written notice is required. Please see FOUR-WEEK NOTICE below for details. STEM Encounters, Inc. reserves the right to terminate this contract for any reason without notice. STEM Encounters, Inc. reserves the right to cancel or refuse service at any point for any reason.

PAYMENTS & LATE FEES You pay your weekly rate every week, no later than Monday. We accept cash, checks, and credit cards. A \$5.00 Late Fee is added if payment is late - please include it if you pay late. A valid credit/debit card is required to register and will be used to balance account in the event of a missed payment or to make account current due to improper withdrawal. See below for withdrawal procedures. Payments will not be prorated or refunded.

FOUR-WEEK NOTICE Withdrawing your child for any reason prior to the end of this contract requires written notice of withdrawal four weeks prior to your intended last day, submitted to the STEM Encounters director, not to a teacher. The STEM director will count ahead four weeks from the day withdrawal is given to find the date of your child's last day, and that day will be the last day for which you will pay. You are responsible for paying tuition until the last day of the notice, regardless of your child's attendance.

SIGN HERE - I Agree To All The Terms Stated Above

Date _____ Director Signature/Date _____

OFFICE USE ONLY

WHEN RECEIVING A REGISTRATION FORM FROM CLIENT	<input type="checkbox"/> BOX CHECKED	<input type="checkbox"/> 911 SIGNED	<input type="checkbox"/> REGFEE PAID
	<input type="checkbox"/> CREDIT SIGNED	<input type="checkbox"/> WAIVER SIGNED	<input type="checkbox"/> RECORD PYMNT
	<input type="checkbox"/> TERMS SIGNED	<input type="checkbox"/> TEACHER INITIAL	

\$		
\$		
\$		

RUN CARD DETAILS	REG FEE	MONTHLY	AMOUNT

STEM Emergency Information Page

student 1	student 2	student 3	
parent name	email address	mobile phone	phone @
parent name	email address	mobile phone	phone @
other emergency contact person	relation	mobile phone	phone

health care provider (family doctor)	location	phone number
insurance company covering child	policy number	group number

911 Emergency Release: I hereby give my consent for STEM to call 911 in the event of an emergency. I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give my consent to transport by ambulance if situation warrants.

_____ I have read and understand (sign here)
 _____ date
 _____ director's signature

Waiver & Release: You, buyer and student, agree that you are aware that the student is engaging in physical exercise, and the use of equipment, training and instruction, which can be dangerous and cause injury to your child. The student is voluntarily participating in these activities, and buyer and student assume all risk of injury to the student, which may result. Buyer and student hereby waive and release any claim or right to sue the center employees, or agents, for injury to the student, which may result. Buyer and student have carefully read this waiver and release, and fully understand it is a release of all liability and damage of the center for any injury. The center will make no evaluation or recommendation whether students or guests are sufficiently physically fit for exercise. It is always advisable to consult a physician before undertaking a physical exercise program. The studio does not assume any responsibility for the loss, damage or theft, of any property belonging to you or the student. Buyer and student agree that the center and its personnel are not responsible for or liable for any such property even if its loss, damage, or theft occurs on or about the facility.

STEM Encounters will make no evaluation or recommendation as to whether or not Students or Guests are sufficiently physically fit for exercise. It is always advisable to consult a physician before undertaking a physical exercise program. The center does not assume any responsibility for the loss, damage or theft, of any property belonging to the student. Buyer and Student agree that the center and its personnel are not responsible for or liable for any such property even if its loss, damage, or theft occurs on or about the STEM facility.

_____ I have read and understand (sign here)
 _____ date
 _____ director's signature

<p>Food Allergies</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p>Medical Issues</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
--	--

<p>Allowed To Pick Up</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p>Not Allowed To Pick Up</p> <p>-----</p> <p>-----</p> <p>-----</p>
---	---

OR USE A FAMILY PASSWORD TO TELL STEM STAFF THAT AN INDIVIDUAL HAS PERMISSION TO PICK UP CHILD --->