

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

# Science, Etc. 2025-2026 Application/Registration Form

## Fees 2025-2026

**Application/Registration Fee: \$175 per student before 5/30/25; \$200 per student after 5/30/25; \*\*Receive a \$50 discount for each returning student from the 2024-2025 academic year.**

**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 1: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Name 2: \_\_\_\_\_

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: \_\_\_\_\_



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 12, 2025),  
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 2025-2026

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: \_\_\_\_\_

# Medical Information

**Student #1 Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Significant medical information we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

**Student #2 Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Significant medical information we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

**Student #3 Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Significant medical information we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

**Student #4 Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Significant medical information we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

**Student #5 Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Significant medical information we need to be aware of: \_\_\_\_\_

\_\_\_\_\_

## 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***  
***(Fill out a form for each student)***

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Current School: \_\_\_\_\_ # 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: \_\_\_\_\_

**New Families:** Please provide the name and phone number of two references that are not family members. \_\_\_\_\_

Does your student have any medical conditions or learning challenges that we should be aware of?

If yes, please describe. \_\_\_\_\_

Please list schools (with cities/towns) your student has attended, grades completed and 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?