

Future Generation STEAM Academy After School Club 2023-2024 Registration Form

I am registering my child for: <input type="checkbox"/> Session 1 <input type="checkbox"/> Session 2 <input type="checkbox"/> Full Program (October until May)			
Child			
First Name:	Middle:	Last:	Gender: Male Female
School Name:	Grade:	Date of birth:	Age (as of June 1 st):
Street Address:			
City:	State:	Zip Code:	Home Phone #:
Parent/Guardian - Contact Information		Parent/Guardian #1	
First Name:	Last Name:	Ms. Mrs. Mr.	
Street Address:			
City:	State:	Zip Code:	Home Phone #:
Cell Phone:	Work Number:	Email:	
Occupation:	Employer:		
Parent/Guardian #2			
First Name:	Last Name:	Ms. Mrs. Mr.	
Street Address:			
City:	State:	Zip Code:	Home Phone #:
Cell Phone:	Work Number:	Email:	
Occupation:	Employer:		
Child lives with:			
Alternate Pickup/Release			
First Name:	Last Name:	Home Phone:	Work Phone:
Cell Phone:	Email:	Relation to child:	
First Name:	Last Name:	Home Phone:	Work Phone:
Cell Phone:	Email:	Relation to child:	
Please list those people who are also allowed to pick up your child.			
1.	2.	3.	
Medical Release Information			
Insurance Information	Policy #:	Insurance Provider:	
Primary Physician:			
Address:			
Phone #:	Hospital Preference:		
List any medical problems, including any required maintenance medication (i.e. diabetes, asthma, seizures)			
Medical Problem	Required Treatment	Should paramedics be called?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Is your child allergic to any type of food or medication?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Does your child require a special diet?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.			

In case of medical emergency contact:

	Name	Phone #	Relationship to Child
Contact #1			
Contact #2			
Contact #3			

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials: _____

I understand that the FGSTEM Academy will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials: _____

TUITION INFORMATION – \$50 for each session per child

Please circle how you heard about the Future Generation STEM Academy After School Club

- After School Program Website School: _____ Word of Mouth Flyer
 Other: _____

Photo Release

I hereby give permission for my child to be photographed during the **FGSTEM Academy Science Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of **FGSTEM Academy**.

Parent's/Guardian's Initials: _____

Transportation Release

I hereby give permission for the transportation of my child for official **FG STEM Academy** activities by modes of transportation agreed to by the program organizers. **This is pending.**

Parent's/Guardian's Initials: _____

FG STEM Academy is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, and/or Physician).

Guardian Signature: _____

Date: _____

Printed Name of Parent/Guardian: _____