

## Challenger Learning Center of The Twin Tier Region

<u>Director</u>; Reann Ehman
Phone: (716) 379-8686

Director@challengertwintiers.org
Fax: (716) 379-8687



## S.P.A.C.E. Academy Program Registration Science Programs and Creative Exploration Academy

Grades Pre-K to 4

School/Group Name:					
Address:					
Street	City		State	Zip	
Contact Person:	tact Person: Telephone:				
Email address:					
S.P.A.C.E. Academy Requ	Grade (s)				
#Total Students	Total # of Chaperones	Ages			
Arrival Time	Departure Time	Lunch Bro	own Bag in	center? Yes No	
Please allow 30 minutes for below.	<mark>r lunch when scheduling</mark> . Ti	me for lunch is not	included in	n the selections	
DO YOU HAVE ANY ST If so, please explain.	TUDENTS WHO NEED S	PECIAL ACCOM	MODATI	ONS? YES NO	
DO YOU HAVE ANY EN	NGLISH LANGUAGE LE language?	ARNERS? YES	S NO		
S.P.A.C.E. Academy S	Selection:				
Max 3 hr. Blo Max 2 hr. Blo	ock: Discovery Lab, New Wimum 100 students – 4 groupeck: Discovery Lab, New Wimum 75 students – 3 groupeck: 60 min. Discovery Labimum 50 students – 2 group	ups (Classes) of up to Yorld & 1 EVA os (Classes) of up to + 1 EVA	25 studen	ts each \$750	
	mum 50 students 2 group				

<u>Discovery Lab</u> - Aspiring scientists, engineers, and mathematicians are engaged in a variety of handson STEM experiments as they rotate within the lab. Station assignments can be tailored to the particular needs of your group.

**EVA(s)** (*Extra Venue Activity*) are 30-60 minute hands on, whole group STEM activities, all tied to Common-Core & NGSS. Each EVA is specifically designed for each grade level abilities. Details on all EVAs can be found on our Web Site: <a href="https://challengertwintiers.org/space-academy-prek-4th">https://challengertwintiers.org/space-academy-prek-4th</a>

## BILLING INFORMATION Please check off how you are paying for your visit. We are using COSER Funding We have submitted COSER Paperwork to We are paying through our organization. Please **BOCES (6-8 weeks before visit)** complete below. Accounts Payable Contact Information: Name \_\_\_\_\_ Phone #: \_\_\_\_ Institution: Email Address: Address City, State, Zip: **AMOUNT DUE:** \_\_\_\_\_ x \$550 = amount due for missions: \$\_\_\_\_\_ 2 hr. Block Discovery Lab with 1 EVA: (Max 50 Students; 2-classes) 3 hr. Block Discovery Lab, New World, & 1 EVA: \_\_\_\_\_ x \$750 = amount due for missions: \$\_\_\_\_\_ (Max 75 Students; 3-classes) 4 hr. Block Discovery Lab, New World, & 2 EVAs: x \$950 = amount due for missions: \$ (Max 100 Students; 4-classes) Discounts (Approved by Director): -\$ Total due (Sum of amount due for Discovery Lab and EVAs): \$\_\_\_\_\_ ► If the number of students exceeds 100, a \$500 penalty will be assessed to your school district. ► ► This form must be returned to us NO LATER THAN six weeks (6 weeks) before your scheduled mission by email, fax or US-mail **Challenger Learning Center Policies** Payment policies: A copy of the NYS BOCES COSER authorization form, a purchase order or a check must accompany your Registration Forms. BOCES COSER information: ENRICHMENT COSER 403 is used for Challenger Learning Center mission payment by NYS schools. NYS schools can get substitute reimbursement for teacher training using COSER 529. NYS districts outside the Cattaraugus-Allegany BOCES should check with their local BOCES about Cross-Over COSERs. Payment by Purchase Order: Purchase Orders will only be accepted for the total amount. Partial-payment purchase orders cannot be accepted and will NOT reserve your mission(s). A signed purchase order will reserve your mission(s). If your BOE/school requires a signed Purchase Order to facilitate payment, we will accept an attached or faxed purchase order and will return it with our signature promptly. Our fax number is 716-379-8687 ATTN: Reann Ehman, Director. We appreciate your cooperation in this matter. Payment by Check: Checks for the full mission cost should be made payable to Challenger Learning Center of the Twin Tier Region, Inc. Late Fee: Invoice payment is due within 30 days. Please be advised that we will charge 1% interest per month on late invoices. Cancellation/Re-scheduling Policies Schools canceling their mission(s) for other than emergency purposes with less than one month notice (20 school days) will be billed \$200 per mission. Missions may be re-scheduled up to one month prior to your original scheduled mission date. Please note: first choice for mission times may not be available when re-scheduling. Snow (weather) policy: Please call 716-379-8686 if you are unable to attend due to inclement weather. The Challenger Learning Center will call you if we are closed due to weather. When the Challenger Learning Center or your school district is closed due to weather, we will re-schedule your mission(s) at no additional fee. **Hold Harmless policy:** I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, including any associated travel, regardless of whether or not caused in whole or in part by the negligence or other fault of Challenger Learning Center of the Twin Tier Region or insurers ("Released Parties"). I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. My signature below confirms that I have read, understand and accept all of the policies as stated on behalf of my school as part of the Registration Contract with the Challenger Learning Center.

Administrator's Signature (Supt. or Principal or Curr. Coordinator)

This form must be returned to us NO LATER THAN six weeks (6 weeks) before your scheduled mission by fax, email or US-mail.

Revised Sep-24

Date