



Student Enrollment Application

Office use only			
Enrollment Date:		Student ID #	
Entry Grade Level:		Documentation Completion:	

A: Student Information					
Last, First, Middle.				SS#	
Address:					
Email:				Phone:	
Sex:		DOB:		Home Language:	
Is the student Hispanic/Latino?	<input type="checkbox"/> YES <input type="checkbox"/> NO	What is the student's primary race?		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	

B: Student Educational Information			
Does this student have a current Individualized Education Program (IEP) at the previous school?			
<input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, do you have a copy of the IEP?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does this student have difficulties that interfere with the ability to go to school or learn? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, please explain:			
Previous school attended:			
Last Grade Level Completed:		Academic Level: <input type="checkbox"/> GOOD <input type="checkbox"/> AVERAGE <input type="checkbox"/> POOR	
Has the student previously attended this school?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, when?	

C: Parent A / Guardian Information					
Last, First, Middle.				SS#	
Address:					
Sex:		DOB:		Work Place:	
Home Phone:				Cell Phone:	
Work Phone:				Email address:	
Does the student live with this parent / legal guardian?				<input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship:

D: Parent B / Guardian Information					
Last, First, Middle.				SS#	
Address:					
Sex:		DOB:		Work Place:	
Home Phone:				Cell Phone:	
Work Phone:				Email address:	
Does the student live with this parent / legal guardian?				<input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship:

E: Emergency Contact Information			
1. Last, First, Middle.			
Home Phone:		Cell Phone:	
Relationship to student:			
2. Last, First, Middle.			
Home Phone:		Cell Phone:	
Relationship to student:			

F: Medical Information			
Student Physician:		Phone:	
Allergies: <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, please explain:	
Is the student on any medication? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, provide a list:	
Medication Name:		Dose:	

Referrals required for OT, Speech, Behavior and/or Psychosocial

G: Scholastic Information	
Has the student ever been suspended, dismissed, or refused admission to another school?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please explain:
Has the student ever had disciplinary difficulty at school?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please explain:
Does the student have a juvenile arrest record?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please explain:

Signature

I verify and certify that the information provided in this document is true and correct to the best of my knowledge.

X

X

Parent / Legal Guardian Signature

Parent / Legal Guardian Signature

X

STEAM Minds Academy Corp. Principle

PICK-UP APPROVAL

Student Name: _____

Parent or Representative Name: _____

Phone: _____ **Work Phone:** _____

If parents are divorced or separated, with whom does the child live? _____

Is a parent prohibited by the court from picking up the child? ☐YES ☐NO

Name of prohibited parent from picking up child: _____

If YES, please provide the school a copy of the court document.

Others allowed to pick up child:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

X _____ **X** _____

Parent / Guardian Name (Print Please)

Parent / Guardian Signature and Date

LIABILITY RELEASE AGREEMENT

School Year 20__ - __

Minor's Legal Name (Print) _____, (If there is more than one child per family participating, please provide their legal names):

_____, _____, _____, (Collectively referred to as "Minor") wishes to participate in all activities sponsored by STEAM Minds Academy Corp., permission Form must be signed.

STEAM Minds Academy and the undersigned parent or legal guardian of the aforementioned Minor agree that the Activity may pose risks, including possible illness, injury, as well as similar and dissimilar risks ("Risks"). The undersigned is fully aware of the Risks and other hazards inherent in the Activity and is participating in the Activity voluntarily and assume the Risks and all other risks of loss, damage, or injury that maybe sustained while participating in the activity.

STEAM Minds Academy Corp. makes no representations or claims as to the condition or safety of the land, structures transportation or surrounding that may be involved in the Activity, whether or not owned, leased, operated or maintained by STEAM Minds Academy Corp. It is understood that STEAM Minds Academy Corp. does NOT provide any insurance coverage for the Minor's person or property, and the Minor's parent (s) or guardian(s) acknowledge that they are responsible for the Minor's safety and the Minor's own Health care needs, and for the protection of the Minor's property.

In exchange for allowing the Minor to participate in these STEAM Minds Academy Activities, the Minor, by and through the undersigned, the undersigned, and their respective heirs, personal, representatives and estates agree(s) to release from liability and hold harmless STEAM Minds Academy and any agent, officer or employee of STEAM Minds Academy acting within the scope of their duties for any injury to the Minor's person or Damage to the Minor's property. I authorize STEAM Minds Academy Corp. to take any action, including seeking medical care, necessary in its judgment if I am not present or reachable in the event of an emergency. The undersigned acknowledge that as a part of this Release, he or she shall be 100% liable to pay for all medical expenses resulting or to result from any injury incurred during, or as a result of, participation in the Activity.

If any term of this agreement or the application to any person or circumstance shall, to any extent, be invalid or unenforceable, the remainder shall not be affected thereby, and each and every remaining term of this agreement shall be valid and enforced to the fullest extent permitted by law. In the event of any need to enforce this agreement, STEAM Minds Academy Corp. shall be entitled to its attorney fees and costs.

Florida law will govern this agreement.

I, the undersigned, state that I am the parent or legal guardian of the Minor. I have fully read and understand the above terms and conditions and that they apply to said Minor and to myself, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned. This document is binding on myself, the said Minor, and any person suing on behalf of said Minor.

X

X

Parent / Guardian Name (Print Please)

Parent / Guardian Signature and Date

MEDIA / PHOTOGRAPHY: CONSENT AND RELEASE FORM

Please complete this consent form to allow your children to be photographed during their time at STEAM Minds Academy Corp.. All children registered for STEAM Minds Academy Corp. are subject to having their photograph taken unless they have this form on file stating otherwise.

As the parent of a child attending STEAM Minds Academy Corp., I agree to the following:

- I understand that my child's name which is listed below may be photographed and/ or filmed while participating in STEAM Minds Academy Corp. Activities.
- I understand that these photos/videos may be used in classroom crafts and online photo albums including the social media accounts of STEAM Minds Academy Corp.

Please print the student(s) full name and grade level:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

() YES, I confirm that I have read and understood the above, and agree to have my child's photos used in the following manner:

- ☐ Photo used for classroom/take-home craft
- ☐ Photo posted on STEAM Minds Academy Corp. website and social media accounts
- ☐ Images/video used in the STEAM Minds Academy Corp. Celebrations

() NO, I do not wish to have my child photographed/recorded for any use.

X

Parent / Guardian Name (Print Please)

X

Parent / Guardian Signature and Date

CONSENT FORM FOR EMERGENCY CARE AND TRANSPORTATION

Name of Child:_____

Date:_____

If, at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize the childcare staff to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that this may involve contacting a doctor, interpreting, and carrying out their instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

If possible, the hospital will be:_____

Or the doctor contacted will be (please include doctor's name, phone number and address)

I understand that these actions may be taken before contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

X

Parent / Guardian Signature and Date

X

STEAM Minds Academy Staff