

STEMTREE OF SPRINGS

Student Registration Form

Date: ____/____/____

Student Information:

First Name: _____ Last Name: _____ DOB: __/__/__

Gender: Male Female Current Grade _____ School _____

My Child has some experience in the following:

Robotics: Yes No. Please specify if yes: _____

Computer Programming: Scratch Java Other: _____

Photo Release:

I give permission for photographs taken of my child while participating in the Stemtree camp to be used in marketing/public relations material in the promotion of Stemtree. YES NO

Parent Information:

Mother's Name: _____

Email: _____

Cell Phone: _____

Occupation: _____

Highest Grade Completed: Elementary School

Middle School

High School Diploma

College Degree Other _____

Home Phone: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Father's Name: _____

Email: _____

Cell Phone: _____

Occupation: _____

Highest Grade Completed: Elementary School

Middle School

High School Diploma

College Degree Other _____

Home Phone: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

SMS Marketing Communications & non – marketing messages

I consent to receive SMS notifications, alerts, and occasional marketing messages from Stemtree of Spring. I understand that message frequency varies. Msg & data rates may apply. I understand that consent is not a condition of purchase and that I can opt-out at any time.

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I consent to receive Non – Marketing Messages from stemtree of Spring .I understand that message frequency varies. Msg & data rates may apply. I understand that consent is not a condition of purchase and that I can opt-out at any time.

This number will be used to send appointment information - confirmation & reminder messages to our customers once they have booked an appointment with us on our website and opted-in to receive promotional and notification SMS from us.

The number will be used for reaching out to customers that signed up for our updates.

This number will be used by our sales people to reach out to their clients that have been opted into receiving messages.

- **To Unsubscribe:** Text **STOP** to +1 855-625-9051
- **Terms & Privacy:** <https://app.gohighlevel.com/v2/preview/ttpOJWhlcOFHMYsuKpsu>

How did you hear about us:

- Direct Mail Drive By Newspaper/Magazine Ad Personal Referral School/PTSA Event
- Internet Search Other _____

Student Authorized Contact(s):

Parents: Please, complete this information. It is to be used when your child needs to be picked up early or in case of emergencies. It is very important that you list all names of persons who are authorized to pick up your child from school.

Mother

Phone 1

Phone 2

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Father		Phone 1	Phone 2
<hr/>			
Contact's Name	Relationship	Phone 1	Phone 2
<hr/>			
Contact's Name	Relationship	Phone 1	Phone 2

Custody Survey:
Is there a custody concern regarding this child? Yes _____ No _____
Is there a current order concerning this child? Yes _____ No _____
Is there still valid? Yes _____ No _____
THE STATE OF TEXAS PROVIDES THAT BOTH PARENTS HAVE EQUAL RIGHTS AND ACCESS TO THEIR CHILD AND HIS/HER INFORMATION, UNLESS A COURT ORDER STATES DIFERENTLY. COUR ORDERS SHOULD BE COPIED AND KEPT IN THE CHILD RECORD.

MEDICAL CONDITIONS AND LEARNING DISABILITIES

Student Information:
Learning Disabilities: <input type="checkbox"/> None <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Auditory Processing <input type="checkbox"/> Visual Processing <input type="checkbox"/> Dyslexia <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Dysgraphia <input type="checkbox"/> Other _____
Medical Conditions: <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Allergies (specify) _____ <input type="checkbox"/> Other _____
Does your child receive medication? <input type="checkbox"/> No <input type="checkbox"/> Yes

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Name of medication

Consent & Hold Harmless:

I hereby hold harmless and waive any and all claims against Stemtree employees, contractors, officers, directors, volunteers and agents for any accident, bodily or personal injury, damage to or loss or theft of any property, illness or death of any person, including without limitation demands, liabilities, damages, judgments, losses, costs, expenses and/or penalties, including attorneys' and consultants' fee and disbursements, which arise out of attending our program.

I further state that I am signing this release as an act of my own freewill. This is a legally binding agreement, which I have read and understand.

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

By signing below, I acknowledge that I have read, understood and agreed to the terms outlined above:

Parent/Guardian Name: _____

Signature: _____

Date: ____/____/____