



# 2018 Summer STEM Academy Registration Form

Please circle the Session(s) you are registering for. All Sessions are Monday – Friday 8:00 AM to 4:00 PM.  
(Return this form via email: [info@apogeestem.com](mailto:info@apogeestem.com) or mail 12921 S Post Oak Rd. Houston, TX 77045)

2018 Summer STEM Academy Registration Form			
<b>Session I-A</b> June 4 – June 8 Robotics & Code 101	<b>Session IB</b> June 11 – June 15 Micro-Processor	<b>Session II-A</b> June 18 – June 22 Robotics & Code 202	<b>Session II-B</b> June 25 – June 29 Forensics
<b>Session III-A</b> July 9 – July 13 Robotics & Code 101	<b>Session III-B</b> July 16 – July 20 Structures	<b>Session IV-A</b> July 23 – July 27 Robotics & Code 202	<b>Session IV-B</b> July 30 – August 3 Renewable Energy
<b>Session V</b> August 6 - 10	Principles of Flight Gadget Magic Building Bridges Energy Engineers Physics of Roller Coasters		Five one-day STEM discovery sessions and excursions

## PARTICIPANT INFORMATION Please type or print legibly.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender:  Female     Male      Age: \_\_\_\_\_    T-Shirt Size \_\_\_\_\_

School: \_\_\_\_\_

Grade attended year 2017 - 2018: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_

Parent/LEGAL Guardian email: \_\_\_\_\_

(Include area code with telephone)

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's day phone: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Person's Authorized to pick up child: \_\_\_\_\_  
(Please provide a copy of their ID)

Other Dismissal Arrangements \_\_\_\_\_

Emergency contact\*: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Lunch:** Lunch will be provided; however, if you will be sending your child's lunch, please be sure that your child's lunch is clearly marked with your child's first and last name. Refrigerators will be available for your child to store his/her lunch. Glass bottles/containers are not allowed.

**Payments:** Tuition may be paid online, by cash or by check.  
Make checks payable to: **Apogee STEM Discovery Learning Academy (APOGEE).**

**Academy Fees:**

- Session 1-A – IV-B: \$300/week
- Session V: \$50 a Day
- Early Drop Off - \$25.00
- Late Pick Up - \$25.00

**Registration fee:** \$50.00 Non-refundable Registration Fee due 30 days before the start of each selected Academy to hold your spot

**Contact Information**

For more information, contact Pamela Jones, Academy Director at 832.574.9004

Emails: info@apogeestem.com

**SIGNATURE OF PARENT OR LEGAL GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand that the balance is due one week prior to the start of the session. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to have your child at **Apogee STEM Discovery Learning Academy** every day of the selected academy.

**DROP OFF AND PICK UP TIMES**

- Drop off time: 7:00 AM
- Pick up time: 4:30 PM

**REQUIRES PARENT'S/Legal Guardian's SIGNATURE:**

**Is your child on any medication? No Yes If so, please list medication(s):** \_\_\_\_\_

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child \_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Allergies \_\_\_\_\_

Student Medical Problems \_\_\_\_\_

Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy number \_\_\_\_\_

I/We hereby give permission to **Apogee STEM Discovery Learning Academy** to photograph, interview and/or videotape the student for educational or promotional purposes. \_\_\_\_\_ (Initial)

### PARENT STATEMENT

I/We hereby state that (student's name) \_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Apogee STEM Discovery Learning Academy**. I/We acknowledge that during the academy, my child will be using STEM tools and supplies. In addition to giving my full consent for my child's participation, I/We do hereby waive, release and hold harmless Apogee STEM Discovery Academy, its officers, staff, teachers and associates, for any injury that may be suffered by my child in the normal course of participation in STEM activities at the Academy.

I/We understand that **Apogee STEM Discovery Learning Academy** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I/We also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of the Academy, etc.) or becomes involved in any activity or with any persons not associated with **Apogee STEM Discovery Learning Academy**, or its scheduled program and that **Apogee STEM Discovery Learning Academy**, has the right to send him/her home for inappropriate conduct. I/We further attest that the information contained in this application is correct to the best of my knowledge. In addition, I/We have agreed to the policy and fee statement and agree to comply.

I am the parent and/or legal guardian of the minor named above and has the legal authority to execute the above release.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_