

REGISTRATION IN EDUCATION

FAMILY & BILLING INFORM	DATE:		
Parent / Guardian Names	Phone #	E-Mail	
Address			
City	State	Zip	
How did you hear about PCS Edver	nturesLab? (If referred, pleas	e provide referral name.)	
STUDENT(S) INFORMATION			
Student Name	Birthdate	Male / Female	
School		Grade Age	

Student Name	Birthdate	Male /	Female
School		Grade	Age

ALLERGIES:		YES		NO	(If Yes,	list all.)
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<b>MEDICAL ISSUES:</b>		YES		NO
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(Is there any student medical history, conditions, or medications you would like us to know about?)

### **EMERGENCY CONTACT:**

Name	Relationship	Daytime Phone #	Work Phone #



## **POLICY & PROCEDURES AGREEMENT**

	ease read, initial each box and sign at the end of the document. Return the following administrative licy and procedures agreement before your student(s) begin sessions at the PCS EdventuresLab.
	All new students will be charged a one-time \$25 Registration Fee to pay for registration materials. Students are responsible to replace any materials that they personally lose or damage.
	At the start of your first regular-tuition month, PCS Edventures, Inc. is authorized by you to directly withdraw the Lab monthly tuition associated with your student(s) on the $5^{th}$ of each month. You agree to provide PCS with your banking or credit card information for monthly payments and confirm it is true and accurate. Please refer to Session & Billing Block Calendar.
	If any credit card billing or auto withdrawal is dishonored or declined, whether with or without cause, and whether intentionally or inadvertently, PCS has the right to charge you a \$50 NSF Fee.
	If you wish to change any account information, including canceling automatic payments or updating billing method, written notification via email or hand delivery must be given 15 days prior to a scheduled payment date.
	While there is no minimum contract or commitment required of families to our program, once you are scheduled for a weekly session, your space is thereafter reserved for you. If you need to take a break from the program, you must give notice two weeks in advance in order to avoid being billed your next full tuition block.
	If you have referred a student to our program, be sure the new family recognizes you as their referral when registering their student. Upon the new student's payment of registration, you will receive a referral credit of \$25 on your next invoice.
	Students attend four (4) consecutive weeks of sessions per billing block ( <i>see Session and Billing Block Calendar</i> ). Session size is limited and a spot is reserved for your student each week regardless of attendance.
	Students are allowed one (1) make-up session per 4-week block. If your student(s) are going to miss a session, please provide 48-hour notice whenever possible. No credits or refunds will be issued to accounts for missed sessions. 24-hour notice is required in order to receive a make-up session, exceptions made based on circumstances. All make-up sessions must be scheduled over the phone at (208) 343-3110, ex: 135 or email at nikki@edventureslab.com. It is your responsibility to contact PCS Lab Staff to schedule a make-up. Lab staff cannot schedule make-ups or have discussions with family members during daily sessions.
◘	PCS recognizes and will be closed on the following holidays: Memorial Day, Independence Day, and Labor Day. If your student's session schedule falls on one of these days, it is your responsibility to schedule a make-up in advance for the week prior to or following the holiday closure ( <i>see Session and Billing Block Calendar</i> ).
	If person(s) responsible for your student cannot be reached in the case of a medical emergency, the PCS Lab Staff will arrange for emergency treatment (911) and transportation to the nearest hospital equipped to treat children.
	Families and visitors must remain in the waiting area as silent observers to avoid any distractions in classroom instruction and all student projects. Only registered students are allowed in the Lab during sessions.
	The email address provided will receive a weekly newsletter with important Lab news (e.g., upcoming events, closures, etc.). It is your responsibility to read communications from PCS to be aware of important updates.



## **POLICY & PROCEDURES AGREEMENT**

Please review, sign, and return the administrative policy and procedures agreement before your student(s) begin sessions at the PCS EdventuresLab. A copy of this agreement will be returned to you.

I have read, understand, and agree to the above PCS EdventuresLab policies and procedures.

Parent Printed Name:		
Student(s) Name(s):		
Address:		
Phone:	Email:	
Signature:	Date:	



# STUDENT CONTRACT

The PCS EdventuresLab Rules are as follows:

- **BE RESPONSIBLE**
- BE RESPECTFUL
- BE POSITIVE

### Lab Procedures:

- Always wash your hands.
- Disassemble your projects and put the parts back in the lab where they belong.
- No food or drink inside the lab.
- Keep the lab clean and organized.
- Take only what you need. Put extra parts away for others to use.
- Keep projects to a maximum of one at a time.
- Do not touch other students' projects without permission.

I acknowledge that I have read and understand the Lab Rules and Procedures. I understand that an infraction of any of the above can result in suspension or dismissal from the program.

Student(s) Signature(s)

Date

Parent Signature

Date



### PHOTO RELEASE

(For students under 18 years of age)

I hereby grant and assign to PCS Edventures, Inc. its employees and agents the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication purposes, whether print, digital, or electronic publishing via the Internet.

No student name will ever be printed, posted, or included with photographs.

Student(s) Signature(s)

Student(s) Printed Name(s)

I certify that I am a custodial parent/guardian and have the aforementioned rights to assign.

Parent / Guardian Signature

Parent / Guardian Printed Name

Date



# BILLING AUTHORIZATION FORM

For your convenience, PCS EdventuresLab has an Automatic Payment Plan that will allow your monthly billing to be withdrawn from your debit or credit card on the 1st of each month. You will receive a monthly invoice notifying you about the automatic payment. Upon receipt of this Authorization Form your billing will be set up for automatic payment.

Automatic Debit/Credit Card Charge

Credit Card Number:	
Expiration Date:	
Name as it appears on Card:	
Parent/Guardian Name:	_ Student(s) Name(s):
Signature:	
Phone Number:	
Billing Address:	Billing (Office):
Email:	



IMAGINATION IN EDUCATION

### 2016 Lab Scheduling & Billing Block Calendar

Block 1	Block 2	Block 3
January 4 <sup>th</sup> – 8 <sup>th</sup>	February 1 <sup>st</sup> – 5 <sup>th</sup>	February 29 <sup>th</sup> – 4 <sup>th</sup>
January 11 <sup>th</sup> – 15 <sup>th</sup>	February 8 <sup>th</sup> – 12 <sup>th</sup>	March 7 <sup>th</sup> – 11 <sup>th</sup>
January 18 <sup>th</sup> – 22 <sup>nd</sup>	February 15 <sup>th</sup> – 19 <sup>th</sup>	March 14 <sup>th</sup> – 18 <sup>th</sup>
January 25 <sup>th</sup> – 29 <sup>th</sup>	February 22 <sup>nd</sup> – 26 <sup>th</sup>	March 21 <sup>st</sup> – 25 <sup>th</sup>
	, j	* March 28 <sup>th</sup> – April 1 <sup>st</sup> Spring Break
Block 4	Block 5	Block 6
April 4 <sup>th</sup> – 8 <sup>th</sup>	May 2 <sup>nd</sup> – 6 <sup>th</sup>	June 6 <sup>th</sup> – 10 <sup>th</sup>
April 11 <sup>th</sup> – 15 <sup>th</sup>	May 9 <sup>th</sup> – 13 <sup>th</sup>	June 13 <sup>th</sup> –17th
April 18 <sup>th</sup> – 22 <sup>nd</sup>	May 16 <sup>th</sup> – 20 <sup>th</sup>	June 20 <sup>th</sup> – 24 <sup>th</sup>
April 25 <sup>th</sup> – 29 <sup>th</sup>	May 23 <sup>rd</sup> – 27 <sup>th</sup>	June 27 <sup>th</sup> – July 1 <sup>st</sup>
_	* May 27 <sup>th</sup> – June 3 <sup>rd</sup> Summer Break	* May 27 <sup>th</sup> – June 3 <sup>rd</sup> Summer Break
Block 7	Block 8	Block 9
July 5 <sup>th</sup> – 8 <sup>th</sup>	August 1 <sup>st</sup> – 5 <sup>th</sup>	August 29 <sup>th</sup> – Sept 2 <sup>nd</sup>
July 11 <sup>th</sup> – 15 <sup>th</sup>	August 8 <sup>th</sup> – 12 <sup>th</sup>	September 6 <sup>th</sup> – 9 <sup>th</sup>
July 18 <sup>th</sup> – 22 <sup>nd</sup>	August 15 <sup>th</sup> – 19 <sup>th</sup>	September 12 <sup>th</sup> – 16 <sup>th</sup>
July $25^{th} - 29^{th}$	August 22 <sup>nd</sup> – 26 <sup>th</sup>	September 19 <sup>th</sup> – 23 <sup>rd</sup>
*July 4th - Independence Day		* September 5 <sup>th</sup> – Labor Day
Block 10	Block 11	Block 12
September 26 <sup>th</sup> – 30 <sup>th</sup>	October 24 <sup>th</sup> – 28 <sup>th</sup>	November 28 <sup>th</sup> – Dec 2 <sup>nd</sup>
October $3^{rd} - 7^{th}$	October 31 <sup>st</sup> – November 4 <sup>th</sup>	December 5 <sup>th</sup> – 9 <sup>th</sup>
October 10 <sup>th</sup> – 14 <sup>th</sup>	November $7^{\text{th}} - 11^{\text{th}}$	December 12 <sup>th</sup> – 16 <sup>th</sup>
October 17 <sup>th</sup> – 21 <sup>st</sup>	November 14 <sup>th</sup> – 18 <sup>th</sup>	December $19^{\text{th}} - 23^{\text{rd}}$
	*Nov 21 <sup>st</sup> – 25 <sup>th</sup> Thanksgiving Break	* Dec 26 <sup>th</sup> -30 <sup>th</sup> Christmas Break

### All accounts will be billed on the 1st of each month

#### PCS EdventuresLab Closures

If your session falls on a holiday, a make-up session must be scheduled

 Spring Break: March 28<sup>th</sup> – April 1<sup>st</sup>, 2016 • Summer Break: May 30<sup>th</sup> – June 3<sup>rd</sup>, 2016 Independence Day: July 4<sup>th</sup>, 2016 • Labor Day: September 7<sup>th</sup>, 2016 Thanksgiving Break: November 23<sup>rd</sup> – 27<sup>th</sup>, 2016 Christmas Break: December 24<sup>th</sup> – 25<sup>th</sup>, 2016