



28 Foden Road, South Portland, ME 04106

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Next STEP Enrollment Agreement

Student Information

Student Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: (H) _____ (W) _____ (C) _____

E-Mail: _____

Date of Birth: _____

Emergency Contact: _____

Relationship: _____ (Telephone #) _____

Program Information

Please check your enrollment option:

- Full-time: Monday-Friday: 9am-5pm \$225.00 per week
- Part time: Monday-Friday – 20 hours \$150.00 per week
Designate days/times either 9:00-5:00, 9:00-1:00 or 1:00-5:00

- Early Drop off: 8-9am \$9.00 per day

Payment Options:

- Weekly Payment- Payment is expected at the start of each week
- Monthly Payment-Payment is expected on the 1st of the month
- Credit Card: Monthly Recurring Charge

STRIVE accepts * personal checks, as well as MasterCard, Visa, and Discover.

STRIVE is very excited to offer a 1:5 teacher/student ratio. In order to provide the program with adequate staffing, it is required that you pay for the week regardless of the student’s attendance, illness, or inclement weather when the program is open. Excusal of payment will be considered for personal vacations with advance notice and in cooperation with the Program Manager.

If your check is returned to us by our bank for lack of funds (NSF), we are charged a fee from our bank. Due to this, if we receive a 2nd check that is returned for insufficient funds, we will stop accepting your personal checks and ask that you make tuition payments using another means- credit card or bank check. Returned checks will also be subject to a \$25 additional fee to recoup the expense passed on by our bank.

Next STEP Release & Consent Form

A. Pictures of student (s) and student (s)'s activities may be taken and used for publicity purposes including but not limited to publications in commercial periodicals and program newsletters.

_____ Initials of student or guardian

B. **RELEASE:** I hereby release Peregrine Corporation, Next STEP Program, and its employees/ volunteers of any responsibility or liability for any injury and/or illness derived from participation in the Next STEP Program.

_____ Initials of student or guardian

C. I hereby give permission for my student to participate in any off site field trips which are part of the Next STEP Program

_____ Initials of student or guardian

D. I give consent for transportation to a medical facility (by ambulance or employee vehicle) in the event of an emergency.

_____ Initials of student or guardian

E. I understand that the permission I have given by signing this form is a material inducement to acceptance of my student. I also confirm that I have given the Next STEP Program complete and accurate information on the student.

_____ Initials of student or guardian

PHOTO RELEASE

I **DO** _____ consent to authorize the use and reproduction by STRIVE of any and all photographs and any other audio-visual materials taken of student for promotional materials, educational activities, exhibitions or for any use for the benefit of the program.

___/___/___

Date

_____ Student signature/Legal Guardian _____ Print name of Student/Legal Guardian

TRANSPORTATION ALERT

(Alert us to people you DO NOT want to pick up the student). As Legal Guardian, I DO NOT authorize my student to be released/picked up by the following persons. I will notify, in writing, STRIVE of any changes in this information.

1. Name: _____ Relationship: _____

2. Name: _____ Relationship: _____

___/___/___

Date

_____ Student Signature/Legal Guardian

_____ Print Student name/Legal Guardian