

GATE p.m.
Gifted & Talented Education for Primary Homeschoolers

Student Information

Last		First	
Grade	Age	Birth date	Sex
Street Address		City, State	Zip Code

Teresa Rogers
Gate_pm@yahoo.com
1-870-930-6797

PARENT/GUARDIAN INFORMATION

Father: _____

Phone Number/Home: _____ Cell: _____

Email(s): _____

Mother: _____

Phone Number/Home: _____ Cell: _____

Email(s): _____

Guardian: _____

Phone Number/ Home: _____ Cell: _____

Email(s): _____

Person(s) Responsible for Payment:

Name(s) _____

Address(es) _____

Student lives with (check all that apply): [] Father [] Mother [] Guardian

EMERGENCY CONTACTS & Student Pick Up

In the event the parents/guardians are not on premises and cannot be reached, GATE p.m. will call the people listed below. People listed should be individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; and 3) give advice about caring for your child. Please list people who you authorize to pick up your child(ren) from GATE p.m. (Must show identification when picking up)

Name: _____	Name: _____
Phone Number: _____	Phone Number: _____
Relationship with student: _____	Relationship to student _____

HEALTH INFORMATION

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medication(s) being taken by student: _____

Physical conditions (allergies, diabetes, etc.): _____

If my child's emergency contacts listed above, or the physician listed above, cannot be reached in an emergency, I authorize GATE p.m. or legal representatives to obtain emergency medical care for my child while under GATE p.m.'s care including transporting or sending my child to an available hospital or physician.

Signature: _____ Date: _____

Signature: _____ Date: _____

Statement of Health

I do declare that the child named on this contract is in good health and is able to participate in all activities offered by GATE p.m.

Parent/guardian signature Date

Parent Contract

I am enrolling _____ in GATE p.m. program. Enrollment, which is on a first-come, first-served basis, is completed upon receipt of required forms including full payment (registration fee and 1 week's fee). Tuition payments are due on Monday of each week, or monthly through PayPal. Payments received after 6:00 p.m. on Fridays are considered late. Accounts 10 days past due will result in suspension from the program until balance is paid in full - this includes late pick-up fees. I understand that in the event of nonpayment, I am responsible for all costs of collection (A collection cost of 35% of the delinquent balance will be added to the delinquent balance for collections).
(Your signature indicates acceptance of all policies and regulations of the GATE pm Program)

Parent/guardian signature Date

I have reviewed all documents posted on the GATE p.m. website, which includes refund policy, closures, etc. I understand what has been posted and agree to the terms and conditions.

Parent/guardian signature Date

Permission

Name of child: _____

Photographs

____ Yes, I give permission for my child's photograph to be taken for use by GATE p.m. publications and for may be shared on social media.

____ No, I do not want my child to be photographed.

Videotaping

____ Yes, my child may participate in videotaping for recreational purposes only. Ex: Technology unit

____ No, I do not want my child to be videotaped.

