

Christian STEM Education Group
Fall 2025 - Spring 2026
Family Application

Parent Name(s): _____

Enrollment Email: _____

Home Address: _____

City: _____ **State:** _____

Phone Number (Mother): _____

Phone Number (Father): _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

What do you view as your child's educational strengths and weaknesses?

Special medical health, allergy, and/or dietary information:

Extracurricular activities and/or other information Director should know:

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Have you always homeschooled your child(ren)? Describe your child(ren)'s schooling experience:

What are your expectations of this community?

Please add anything the Director should know to better understand your family:

How would you describe your schooling philosophy? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Unschool | <input type="checkbox"/> Unit Studies | <input type="checkbox"/> Traditional (e.g. Abeka) |
| <input type="checkbox"/> Charlotte Mason | <input type="checkbox"/> Journaling | <input type="checkbox"/> Still learning about this |
| <input type="checkbox"/> Classical | <input type="checkbox"/> Eclectic | <input type="checkbox"/> Other (describe below) |

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Please list all children applying for participation in the Science, Technology, Engineering & Mathematics (STEM) Program and/or Humanities & Social Sciences (HSS) Program:

Name of Child	Date of birth (mm/dd/yy)	Gender	Grade Level	Applying for: (Check all that apply)
				<input type="checkbox"/> STEM Program <input type="checkbox"/> HSS Program
				<input type="checkbox"/> STEM Program <input type="checkbox"/> HSS Program
				<input type="checkbox"/> STEM Program <input type="checkbox"/> HSS Program
				<input type="checkbox"/> STEM Program <input type="checkbox"/> HSS Program
				<input type="checkbox"/> STEM Program <input type="checkbox"/> HSS Program

List all non-participating children:

Name of Child	Date of birth (mm/dd/yy)	Gender	Notes

*** Discuss community attendance policies with the Director for children not enrolled in CSEG.**

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As **PARENT(S)**, I (we) acknowledge the value in committing my (our) time to a devoted community of homeschoolers, and agree to the following:

1. I (we) assume any and all responsibility for any accident/medical insurance required to cover my (our) child(ren) in the event of accident or injury, while my (our) child(ren) is (are) attending a CSEG community, regardless of whether those children are enrolled in the CSEG community, I (we) will not hold Christian STEM Education Group or approved representatives liable in any manner for injury.
2. I (we) acknowledge that I (we) am (are) fully responsible for my (our) child's education. I understand that CSEG will strengthen or amplify my (our) existing homeschool program, but not replace it. I (we) will ensure my (our) child(ren) complete(s) weekly work to the best of his/her ability and as directed by me (us). I (we) will inform the tutor if any adjustments or modifications are required for my (our) child(ren).
3. I (we) will not use Christian STEM Education Group (CSEG) to name my (our) homeschool with my (our) state department of education or Secretary of State.
4. I (we) agree to pay all applicable fees upon invitation to CSEG and before attending community.
5. I (we) agree to pay the full semester's tuition (to include site & applicable program fee(s) for each child enrolled in CSEG STEM or HSS programs whether my (our) children complete the program or not. I (we) understand that **all fees are non-refundable**, even if my (our) child leaves the program mid-semester. *This should be carefully and prayerfully considered before enrolling.*
6. I (we) agree to be present on community day and either attend the program or be present at the facility with my (our) child(ren).
7. I (we) understand that if there is a conflict with a director in CSEG, I (we) agree to participate in a recommended conflict resolution plan, to be outlined in Code of Conduct.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

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As the **STUDENT(S)**, I (we) acknowledge the privilege to participate in a weekly CSEG program, and commit to the following:

1. Appropriately and diligently participating in classes.
2. Showing respect to Directors, Tutors, classmates, and other families within the community with my actions and my words.
3. Completing weekly program work to the best of my ability.
4. Following the Code of Conduct.

Student Signature

Date

Student Signature

Date

Student Signature

Date

Student Signature

Date

Student Signature

Date