

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 CHILD(REN), 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.**

Child's Signature

Date

Child's Signature

Date

Child's Signature

Date

Child's Signature

Date

Child's Signature

Date