

Dresser-Rand Challenger Learning Center of The Twin Tier Region

<u>Director;</u> Fred Welch Phone: (716) 379-8686 Fax: (716) 379-8687



S.P.A.C.E. Academy Program Registration Space Program and Curriculum Enrichment Academy Grades Pre-K to 4

School/Group Nam	ne:					
Address:		City		State	Zip	
Contact Person:			Telephone:			
Email address:						
S.P.A.C.E. Academy Request Date(s)			Grade (s)			
#Total Students	# Boys#	#Girls	_ Total # of Chap	erones	Ages	
Arrival Time	Departure Time	.	Lunch Bi	rown Bag in c	enter? Yes No	
Special Information	n:					
	demy Selection: 3 hr. Block: 60 min. Di Maximum 75 students - 2 hr. Block: 60 min. Di Maximum 50 students - 1 hr. Block: 60 min. Di 1 group (Class) max	- 3 groups (scovery Lal - 2 groups (scovery Lal	(Classes) of up to b + 1 EVA, (Classes) of up to b only	25 students e 25 students e	each \$500	
as they rotate within th	ring scientists, engineers, an e lab. The usual visit would lored to the particular needs	involve a 10	minute briefing and	-	_	
	Activity) are 30-60 minute hally designed for each grade by					
visit the Quick Center last up to two (2) hours Penman, Assistant Dire	ter for the Arts at St. Bona for the Arts. The Quick Cen s. You will need to contact to ector at 716-375-4030 or vis	ter has progra hem directly t sit <u>http://www.</u>	amming and activitie to schedule this part v.sbu.edu/about-sbu/s	s for students in of your STEAM	all grades, which can day. Contact Evelyn	
Will be participating at	Quick Center? Yes	_ No				

BILLING INFORMATION Billing Address (if not the same as the school information) Institution: Address: City, State, Zip: _____ Accounts Payable Contact Information: Name ______ Phone #: _____ **AMOUNT DUE:** Total # Mini Discovery Lab with EVAs missions: x \$700 = amount due for missions: \$ (Max 75 Students; 3-classes) Total # Mini Discovery Lab with EVAs mission: _____ x \$500 = amount due for missions: \$ (Max 50 Students; 2-classes) __ x \$275 = amount due for missions: \$ ___ Total# Mini Discovery Lab mission only: (Max 25 Students: 1-class) Total due (Sum of amount due for missions and EVAs): \$ NYS schools: copy of COSER authorization form for the total number of missions needed. Others: Check # ______ or PO # _____ (full amount) This form must be returned to us NO LATER THAN two weeks (2 weeks) before your scheduled mission by email, fax or US-**Dresser-Rand Challenger Learning Center Policies Payment policies:** A copy of the NYS BOCES COSER authorization form, a purchase order or a check must accompany your Registration Forms. **BOCES COSER information:** ENRICHMENT COSER is used for Challenger Learning Center mission payment by NYS schools. NYS schools can get substitute reimbursement for teacher training using COSER 529. NYS districts outside the Cattaraugus-Allegany BOCES should check with their local BOCES about Cross-Over COSERs. Payment by Purchase Order: Purchase Orders will only be accepted for the total amount. Partial-payment purchase orders cannot be accepted and will NOT reserve your mission(s). A signed purchase order will reserve you mission(s). If your BOE/school requires a signed Purchase Order to facilitate payment, we will accept an attached or faxed purchase order and will return it with our signature promptly. Our fax number is 716-379-8687 ATTN: Fred Welch, Director. We appreciate your cooperation in this matter. Payment by Check: Checks for the full mission cost should be made payable to Challenger Learning Center of the Twin Tier Region, Inc. **Cancellation/Re-scheduling Policies** Schools canceling their mission(s) for other than emergency purposes with less than one month notice (20 school days) will be billed \$100 per mission. Missions may be re-scheduled up to one month prior to your original scheduled mission date. Please note: first choice for mission times may not be available when re-scheduling. Snow (weather) policy: Please call 716-379-8686 if you are unable to attend due to inclement weather. The Challenger Learning Center will call you if we are closed due to weather. When the Challenger Learning Center or your school district is closed due to weather, we will re-schedule your mission(s) at no additional My signature below confirms that I have read, understand and accept all of the policies as stated on behalf of my school as part of the Registration Contract with the Dresser-Rand Challenger Learning Center.

Administrator's Signature (Supt. or Principal or Curr. Coordinator)

Revised Aug-16

Date