



STEM Bridge Academy



Registration and Health Information Form

Please print, complete, and return this form to
Quarrybrook Experiential Education Center
39 Roulston Road
Windham, NH 03087

Student Information:

Name: _____ Date of Birth: _____

Home Address: _____

Phone Contact: _____ Email Contact: _____

Parent / Guardian Information: *(if under 18)*

Name: _____

Home Address: _____

Phone Contact: _____ Email Contact: _____

Payment Authorization Form:

The total cost of this program is \$575.00 which includes all materials and supplies.

- Check Enclosed *(make checks payable to Northern Essex Community College)*
- Credit Card: *please circle VISA / MC / DISC / AMEX*

Card Number

____/____
Expiration Date MM/YY

Cardholder Signature

Name on Card *(please print)*

Emergency Contact Information:

Primary Emergency Contact (name/phone): _____

Second Emergency Contact (name/phone): _____

Medical Needs / Concerns:

Please list any allergies or medical concerns: _____

My child / I will need to take medication during the program: *Students will be asked to administer their own medication under the supervision of the Program Director.*

Medication: _____ Frequency: _____ Form: _____

This medication needs to be refrigerated.

Driving / Pick-Up Authorization: (if under 18)

- My child is 16 or over, and will be driving him/herself to and from Quarrybrook each day.
- My child has permission to leave with another student and/or parent.
- My child may only leave with the authorized people listed below:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list anyone specifically NOT allowed to pick up your child:

By signing below, I signify that this information is correct and I official enroll in the STEM Bridge Academy.

Parent Signature *(if under 18)*

Student Signature

Please return completed form and payment to:

Quarrybrook Experiential Education Center, 39 Roulston Road, Windham, NH 03087.

(603) 212-9636 www.quarrybrook.org/stem-bridge-academy