

Responsible Payer Agreement & Enrollment Form ELO-STEM

In order to secure your place in the program, the entire fee is required at time of enrollment.

Student Name _____

Date of Birth: _____

Complete the following information about the person who is responsible for paying the student's fees. Only one responsible payer may be designated, even when payments may be made by more than one person.

Responsible Payer Name: _____

Relation to Student: _____

Responsible Payer email: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: () _____ Secondary Phone: () _____

I will attend the Landmark College ELO-STEM program. To secure my space I have:

- Enclosed my full payment to secure my place in the program.....
 - ___ Module 1 – Creative Coding Using JavaScript (June 24, 2019 – June 29, 2019) : \$300.00
 - ___ Module 2 – Ecology of Field & Forest (July 1, 2019 – July 6, 2019) : \$300.00
 - ___ Both Module 1 & 2 : \$550.00
- Student's school is covering the fee for my attendance.
- Student will not participate in the program at this time.

By signing this agreement, the student and the person responsible for payment agree to pay Landmark College's fees as presented, to follow the college's payment policies.

Signature of person responsible for payment: _____ Date: _____

Student Signature: _____ Date: _____

Return complete form to:

Carroll Paré
Landmark College – ELO-STEM Program
19 River Road South
Putney VT 05346
summer@landmark.edu