

PS 94 / RoboMindTech 2018 Fall Registration

185-10A Union Turnpike, Fresh Meadows, NY 11366

Name of Child: _____ Date of Birth: _____
Class: _____ School: _____

Contact: (Cellular) _____ (Home) _____

email: _____

Name (s) of Parent (s)/Guardian: _____

Address: _____

Any Allergy/Medical Condition: _____

Emergency Contact (if differ from above):

Relationship: _____ Contact #: _____

Program		10 weeks	Schedule (circle one)
LEGO RoboMaker (3-5)		\$300	Mon 2:45-4pm

cash/check payable to RoboMindTech

PAYMENT POLICY: Payments must be paid in full by your child's first class. No refunds can be made.

Photo/Video Release Yes _____ No _____

Permission for images/video of my child taken during class/events to be used for RoboMindTech distribution (includes e-mail/print distribution to you/community, website promotion & publication).

Parent Signature: _____

For Office Use Only:

Check _____ Cash _____