



# Poly Ed

2350 Broadway Ste. 215A  
 New York, NY 10024  
 www.poly-ed.com  
 andrew@poly-ed.com · (646) 692-3573

## Team Math Circle Spring 2019 Grades 3-4 Schedule

Team Math Circle for grades 3-4 will meet on the following Tuesdays from 4:00 pm - 5:10 pm:

Feb. 5, 12, 19, 26

Mar. 5, 12, 19

Apr. 2, 9, 16, 23, 30

May 7, 14, 21

Jun. 4, 11

Please note that we will be closed for spring break on March 26.

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### Tuition

Tuition for the Spring 2019 semester is \$1400.

This includes all relevant contest registration fees.

A 50% deposit is required to reserve your place in our class, with the balance to be received by February 5, 2019. Payment should be made in a check made payable to Poly Ed and delivered to:

Poly Ed  
 2350 Broadway Ste. 215A  
 New York, NY 10024

Payment may be mailed or delivered to the reception desk in the lobby.

Please note that our grade guidelines are flexible to accommodate students who may have advanced far beyond grade level in their math studies. We want to find the right fit for your student, and everyone is different. Please contact us if you believe your student would benefit from enrollment in a class that varies from his/her grade in school.

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I understand that in the process of registering for math competitions, Poly Ed will need to supply my student's name, grade, and gender to organizations issuing the competition problems for prize/ranking purposes. No additional information will be supplied by Poly Ed without the express written consent of a parent/guardian. \_\_\_\_\_ Initials

## Registration Form 2018/2019

### General Information

Name of Student: \_\_\_\_\_

Grade (2018-2019): \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_ / \_\_\_\_\_

Parent or Guardian Cell Number(s): \_\_\_\_\_ / \_\_\_\_\_

Parent or Guardian Email(s): \_\_\_\_\_ / \_\_\_\_\_

Place(s) of Employment: \_\_\_\_\_ / \_\_\_\_\_

Address(es) of Employment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

School Attending: \_\_\_\_\_

Address of School: \_\_\_\_\_

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### Dismissal

Please list the names of people other than yourself who you authorize to take your child from Poly Ed when class is dismissed. (Children will not be permitted to leave with anyone without authorization from a parent or guardian. ID's will be checked before a child is released.)

\_\_\_\_\_ Initials

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your student must be picked up promptly at the end of class. Should you repeatedly fail to pick up your student on time without extenuating circumstances, this may result in cancellation of registration and removal from our class without reimbursement of tuition for future classes.

\_\_\_\_\_ Initials

### Emergency and Medical Contact

Please list the names of people other than yourself who we may contact in case of an emergency if you cannot be reached. In addition, these people are authorized to take your child from Poly Ed in the event of an emergency if you cannot be reached. (Children will not be allowed to leave with anyone without authorization from a parent or guardian. ID's will be checked before a child is released. \_\_\_\_\_ Initials

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Student's Primary Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Work Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

In the event of an emergency I give Poly Ed my permission to call emergency services to care for my child, including necessary transportation. This may happen if Poly Ed cannot contact me. I further understand that medications will not be administered by Poly Ed. \_\_\_\_\_ Initials

Out of respect for other students and potential allergies, students may not have snacks during class, and must keep any food put away in their bags. This will also keep our electronics clean and functional. \_\_\_\_\_ Initials

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### Amendments to Registration

I understand that I must provide Poly Ed with any relevant changes to the **Dismissal** or **Emergency and Medical Contact** sections above. Such amendments could include a change in the person(s) authorized to pick up the student at dismissal. I will provide all legal documentation should a situation arise where a legal guardian is to be denied custody of a child where such a situation would constitute an amendment of the information supplied above.

\_\_\_\_\_ Initials

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Due to space constraints, our landlord, Bretton Hall, asks that parents/guardians and other guests do not linger in the lobby or halls before or after class. Should you wish to remain in the area during class, Cafe 86 on the ground floor has casual seating.

## Registration Form Spring 2019 Renewal

I certify that all registration information previously supplied to Poly Ed in the Registration Form 2018/2019 is still current. This applies to the General, Dismissal, and Emergency and Medical Contact sections.

\_\_\_\_\_ Signature

\_\_\_\_\_ Name (Please Print)