



# Poly Ed

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## Team Math Circle Fall 2021 Grades 6-7 Schedule

Team Math Circle for grades 5-6 will meet on the following Tuesdays from 4:00 pm - 5:20 pm:

Feb 1, 8, 15

Mar. 1, 8, 22

Apr. 5, 12, 19, 26

May 3, 10, 17, 24, 31

Jun. 7, 14

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### Tuition

Tuition for the Spring 2022 semester is \$1275.

This includes all relevant contest registration fees.

While digital, we will only be accepting digital payment in the following forms:

Paypal – andrew@poly-ed.com

Venmo - @PolyEd

Zelle (Chase QuickPay) – andrew@poly-ed.com

Please note that students will be differentiated according to their level and experience. Please share your student's past experiences in math and programming to help us find the best fit.

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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 2022

### General Information

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

Grade (2022-2023): \_\_\_\_\_

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: \_\_\_\_\_

### 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. IDs 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

**Authorization for Self Dismissal**

I authorize Poly Ed to allow my child to sign himself/herself out after his/her class(es) at Poly Ed. As a parent/guardian, I am fully aware that my child will be unsupervised after the class is over. At no time will I hold Poly Ed liable for my child's whereabouts after the class's scheduled dismissal. I understand that my child WILL NOT be released without this signed form.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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**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

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### Vaccination/COVID Information

Please note that all students are required to be fully vaccinated, with “full vaccination” taken from the current CDC definition. Please return an image of your student’s vaccination card (front and back) with this form.

First Vaccine Received      Date: \_\_\_\_\_

Second Vaccine Received      Date: \_\_\_\_\_

Booster Dose Received      Date: \_\_\_\_\_

Prior to class every week a verbal wellness check will be performed. Any students with a fever, severe headache, flu-like symptoms, or respiratory symptoms will be sent home.

Students that missed primary school due to illness or quarantine protocols the day of class are not allowed to attend afterschool class.

Masks are required to be worn in the classroom at all times and must be of the surgical or KN-95/N-95 variety. Fabric masks are not allowed.

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