



Poly Ed

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Registration Form 2022/2023

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) _____ / _____

School Attending: _____

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

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

COVID Protocols
COVID-19 Vaccination Status

- First Vaccine Dose Received Date: _____
- Second Vaccine Dose Received Date: _____
- Booster Dose Received Date: _____

Please supply a photo of student's COVID-19 vaccination card with this form.

Due to ongoing the ongoing Covid-19 pandemic, the following protocols will be observed in the following school year:

- 1. All eligible students are required to be vaccinated against Covid-19 to attend classes.**
2. Any students with a fever, severe headache, flu-like symptoms, or respiratory symptoms in class will be sent home.
3. Any student who has missed school on the day of a class due to illness, including non-Covid illness, may not attend afterschool that day.