



# Poly Ed

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## Robotics Team Fall 2022 Grades 4-6 Schedule

**Please check the class for registration:**

- 5:00 – 6:30 pm Grades 4-6**
- 6:45 – 7:15 pm Grades 6-8**

Robotics Team for will meet on the following Thursdays:

Sep. 29

Oct. 6, 13, 20, 27

Nov. 3, 10, 17

Dec. 1, 8, 15

Jan. 5, 12, 19, 26

Please note that we will be closed for Thanksgiving Break on November 24, and Winter Recess on December 22 and 29.

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### Tuition

Tuition for the Fall 2022 semester is \$1350.

This includes all relevant contest registration fees.

Tuition is nonrefundable and nontransferable, and guarantees the student's seat in class for the semester.

Payment should be made 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 robotics and programming to help us find the best fit.

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

## 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: \_\_\_\_\_

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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

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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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### 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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**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 group classes.**
- 2. At the current time, students will be asked to supply a weekly negative rapid test before attending class. This can be taken on the Wednesday before or the Thursday of class. This test should be photographed with the student's name and the date clearly visible and sent to [andrew@poly-ed.com](mailto:andrew@poly-ed.com) or texted to (914) 473-1836. We will follow the lead of the schools in this regard, so this protocol may be updated as the semester progresses. A negative test does not need to be provided in the 3 weeks following recovering from a positive case confirmed by testing.**
3. Any students with a fever, severe headache, flu-like symptoms, or respiratory symptoms in class will be sent home.
4. 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.