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## **Poly Ed Summer 2024**

### **Schedule**

**All sessions run Monday-Friday, 9:00 am - 3:30 pm.**

**Please indicate the sessions for which you are registering:**

- Math and Algorithms / June 17-21
  - Robotics with Arduino / June 24-28
  - Web Design / July 1,2,3,5
  - Hacking and Cracking / July 8-12
  - Weather Balloon Telemetry – Leaving the Ground Behind / July 15-19
  - MicroMouse Intensive / July 22-26
  - AI and Learning Algorithms in Python / July 29-August 2
  - Board Game Design / August 5-9
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## Tuition

Tuition is discounted for multiple sessions as follows:

Single session: \$1000/ student

2 sessions: \$1900/student

3 sessions and up: \$925/week/student

A deposit of \$500/week of registration is required to reserve your place, with the balance due by June 10, 2024.

Please note that registration and space are limited.

Tuition includes all field trips and travel charges, there will be no additional fees.

Digital payment can be made by:

Paypal – [andrew@poly-ed.com](mailto:andrew@poly-ed.com)

Venmo - @PolyEd

Zelle (Chase QuickPay) – [andrew@poly-ed.com](mailto:andrew@poly-ed.com)

Please note that our grade guidelines are flexible to accommodate students who may have advanced far beyond grade level in their 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 session that varies from his/her grade in school.

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## Registration Form 2024

### General Information

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

Grade (2024-2025): \_\_\_\_\_ 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

\_\_\_\_\_

### 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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### Lunch

A daily, nut free snack will be provided to all campers.

If you will be packing your own lunch, out of respect for other students and potential allergies, students should pack a NUT FREE lunch daily. \_\_\_\_\_ Initials

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### Vaccination Information

Please note that all students are required to be fully vaccinated, with “full vaccination” taken from the current CDC definition at the time of camp. 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: \_\_\_\_\_

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