



# Poly Ed

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## Robotics Team Fall 2024-2025 Semester I Schedule

**Please check the class for registration:**

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

Robotics Team for will meet on the following Wednesdays:

Sep. 11, 18, 25

Oct. 2, 9, 16, 23, 30

Nov. 6, 13, 20

Dec. 4, 11, 18

Jan. 8, 15, 22, 29

Please note that we will be closed for Thanksgiving Break on November 27, and Winter Recess on December 25 and January 1.

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### Tuition

Tuition for the Fall 2024 semester is \$1600.

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

Venmo - @PolyEd

Zelle (Chase QuickPay) – [andrew@poly-ed.com](mailto: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 2024/2025

### 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) \_\_\_\_\_ / \_\_\_\_\_

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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**Health Protocols**  
COVID-19 Vaccination Status

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

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

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

1. Any students with a fever, severe headache, flu-like symptoms, or respiratory symptoms in class will be sent home.
2. 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.