Poly Ed
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New York, NY 10024
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Robotics Team Wednesday Fall 2025

Schedule

Robotics Team will meet on the following Wednesdays from 4:00 – 5:30 pm:

Sep. 10, 17
Oct. 1, 8, 15, 22, 29
Nov. 5, 12, 19
Dec. 3, 10, 17
Jan. 7, 14, 21, 28

Please note that we will be closed for Rosh Hashanah on September 24, Thanksgiving Break on November 26 and Winter Recess on December 24 and 31.

Tuition

Tuition for the Fall 2025 semester is $1450.
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.

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 2025/2026

General Information

Name of Student: _____

Grade (2025-2026): _____ 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

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: _____

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

Health 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 if you have not previously supplied one to Poly Ed.

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. 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.