

**iROBOTICSpk Corporation**  
**Summer STREAM Program Application**

*"Raise the bar, Raise the hope"*

[www.harmonshub.net](http://www.harmonshub.net)

**Student Information**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Age: \_\_\_\_\_

Gender:

☐ Male

☐ Female

☐ Other

Grade (2025-2026 School Year): \_\_\_\_\_

School Name: \_\_\_\_\_

**Parent/Guardian Information**

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Program Details**

Dates: July 6th - July 31st (4 weeks only)

Time: 7:30 AM - 5:30 PM

Location: Lancaster, TX

Weekly Fee: \$150 (Includes meals, activities, workshops, and FIELD TRIPS)

FULL TIME STUDENTS ONLY (students who will participate for the entire length of the summer program)

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**Emergency Contact (Other than Parent/Guardian)**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Medical Information**

Allergies/Medical Conditions:

Medications Needed During Program:

Doctor's Name & Number:

**Permission & Signature**

I, the undersigned, grant permission for my child to participate in the iROBOTICSpk STREAM Summer Program. I acknowledge that my child will follow program rules, and I release iROBOTICSpk Corporation from liability in case of an accident or emergency.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_