



MECH FINIX LABS

Student Registration Form



Student Information

- Student Full Name: _____
- Grade (K-12): _____
- School Name: _____
- Course Enrolled / Interested In: _____
- ☐ Camp ☐ After-School

Parent / Guardian Contact

- Parent/Guardian Name: _____
- Phone Number: _____
- Emergency Contact Name & Number: _____
- Email Address: _____
- Preferred Contact Time: ☐ Morning ☐ Afternoon ☐ Evening

Pre-Registration

To confirm your child's spot, a non-refundable pre-registration fee is required at the time of booking.

- ☐ I confirm that the pre-registration fee has been paid to reserve my child's slot.

Amount Paid: \$_____ Date: _____

How did you hear about us?

- ☐ Friend/Family ☐ School ☐ Social media ☐ Google/Website ☐ Flyer/Event ☐

Other: ____

Media Consent (Optional)

We love sharing our students' amazing projects and proud moments on social media to celebrate their learning and inspire future innovators!

- ☐ Yes, I give permission to record and share my child's classroom activities.
- ☐ No, I do not give permission.

Please continue on the next page 

Snacks & Allergies

We provide snacks during sessions.

Does your child have any food allergies or dietary restrictions? ☐ Yes ☐ No

If yes, please list: _____

Authorized Pick-Up

Who is allowed to pick up your child after class?

• Name: _____ Phone: _____

• Relationship to Student: _____

Medical Information

Please check any that apply:

☐ Asthma ☐ ADHD ☐ Learning Disability ☐ Diabetes

☐ TB ☐ Seizures ☐ Autism Spectrum ☐ Other: _____

Details / Additional Notes: _____

Payment Details

• Total Amount Paid: \$_____

• Payment Method: ☐ Cash ☐ Online Transfer ☐ Check

• Date of Payment: _____

• Paid in Full: ☐ Yes ☐ No Payment Due Date Each Month: \$_____

Please note: Enrollment requires a minimum 8-month commitment.

Parent/Guardian Signature: _____ Date: _____