



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

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: _____

Parent/Guardian Signature: _____ Date: _____

Office use only

Payment Details

- Total Amount Paid: \$_____
- Payment Method: Cash Online Transfer Check
- Date of Payment: _____
- Paid in Full: Yes No | Payment Due Date Each Month:\$_____