



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: \$_____