



Mind Lab After-School Program Registration Form

Age Group: 4th – 5th grade:

Day: Thursday

Dates: 9/10, 9/17; 9/24, 10/1, 10/8, 10/15; 10/22, 10/29, 11/5, 11/12, 11/19, 12/3, 12/10, 12/17

Price per class: \$20

Total number classes: 14

Total cost for Course: \$280

Please turn in registration form & payment to Mr. Paz in the front office
All checks must be made to City of Aventura and earmarked "Mind Lab - your child's name".

Child's Name: _____

(First Name) (Last Name)

Sex: ____ D.O.B. _____ Grade: ____ Teacher's Name: _____

Mother's/Guardian Name: _____

(First Name) (Last Name)

Home Phone: _____ Cell Phone: _____

Father's/Guardian Name: _____

(First Name) (Last Name)

Home Phone: _____ Cell Phone: _____

Home Address: _____ Apt No. _____

City: _____ State: _____ Zip Code: _____

Child's Physician: _____ Phone: _____

EMERGENCY CONTACTS: PERMISSION TO PICK-UP CHILD

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

List any allergies, physical or mental handicaps or special needs or fears which should be made known:

I, _____ have read and understand the payment schedule and procedures for the

Name of Parent enrolling child

Mind Lab Program Director Contact Information:

Dori Larea, , dlarea@mindlabsf.com , Tel: 786-768-6111, www.mindlabsf.com