



Mind Lab After-School Program Registration Form Fall 2009

Age Group: K – 3rd grade:

Day: Tuesday

Dates: 9/8, 9/15, 9/22, 9/29, 10/6, 10/13, 10/20, 10/27, 11/3, 11/10, 11/17, 11/24, 12/1, 12/8, 12/15

Price per class: \$20

Total number classes: 15

Total cost for Course: \$300

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