

**The Metamo4ic Math Center
MathAntics
Winter 2012 Robotics Class Enrollment Form**

Name of Child _____
Date of Birth ____/____/____ Grade Level ____
Parent/Legal Guardian _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____
Email Address _____ @ _____
Food Allergies _____
Health Concerns _____

Enrollment filled in order received.
Confirmation sent to above email address.

Robotics will be held at:

**Immanuel United Church
of Christ**

**221 Church Street
Ferguson, MO 63135
Fireside Room (118)**

12:00 – 2:30 PM

Mail check to:

Metamo4ic Math Center
123 S. Florissant Road
PO Box 10987
Ferguson, MO 63135

Robotics Spring 2012 Class

- Pay \$120.00 now for the Robotics
- Pay \$40.00 per month (January, February March)

My signature gives The Metamo4ic Math Center permission for the child named above to participate in the MathAntics Robotics Program

X _____

By signing below, I give my permission to include my child in photographs taken by the Math Center. Photos that include my child ___ may be used or ___ may not be used on the Math Center's website. The Math Center will not use the name of any child when using photographs on the website.

X _____