



**PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT
CHILD CARE PROGRAM**



E-STEAM REGISTRATION

CHILD'S NAME _____
LAST FIRST

HOME ADDRESS _____
NUMBER & STREET TOWN

HOME PHONE # _____ **WORK #** _____ **CELL #** _____

TEACHER _____ **SCHOOL** _____

EMAIL _____ **PARENT'S NAME(S)** _____
 (*PLEASE ADVISE IF NAME ON CHECK IS DIFFERENT THAN CHILD'S LAST NAME)

PARENT'S SIGNATURE _____

PLEASE PROVIDE A SEPARATE CHECK FOR EACH CLASS YOU ARE REGISTERING FOR.

MUSICAL THEATER - \$240 CHECK # _____

ROBOTICS - \$240 CHECK # _____

CODING \$180 CHECK # _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Stratford	Coding	Musical Theater	X	Robotics	
Pasadena	Robotics		X	Coding	Musical Theater
Parkway		Coding	X	Musical Theater	Robotics
Old Bethpage	Musical Theater	Robotics	X		Coding