E-STEAM REGISTRATION K-3

CHILD'S NAME _____
        LAST   FIRST

HOME ADDRESS _____
        NUMBER & STREET   TOWN

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

TEACHER_____ **SCHOOL** _____ **GRADE**_____

PARENT'S NAME(S)_____ **EMAIL**_____
(*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 #_____

CHALLENGE ISLAND - $240 CHECK #_____

CODING $180 CHECK #_____

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