



MIDDLE SCHOOL CODING CLUB

Enrollment Form

Child's Name _____ Gender: Male Female

Grade: Please Circle 4th 5th 6th 7th 8th

Parent's Name _____

Parent's Phone Number _____

Parent's Email Address _____

Does the child have any medical needs we must be aware of: Yes No

If yes, please explain.

Does the child have asthma? Yes No

Does the child use an inhaler? Yes No

_____ I will send the child with the inhaler.

Does the child need an EpiPen? Yes No

_____ I will send the child with an EpiPen.

I give permission for the following adult to pick up my child in case of emergency: _____

This adult can be reached at the following phone number:

Parent Signature _____

Date _____