



6511 176th Street SW
Lynnwood, WA 98036

Phone: 425-743-4242
Fax: 425-745-8367
Email: stms@stms.org

Registration: Please choose specific program for each student participating. Students will be placed on a first-paid, first-placed basis.

Family Name: _____

Address: _____

Best phone on Thursdays 3-4 pm: _____

Alternate: _____

| Option 1: Robotics | Grade Level Course Name | Fee |
|--------------------|-------------------------|------|
| Student Name (1): | | \$80 |
| Student Name (2): | | \$80 |
| Student Name (3): | | \$80 |
| Student Name (4): | | \$80 |

| Option 2: Coding | Grade Level Course Name | Fee |
|-------------------|-------------------------|------|
| Student Name (1): | | \$80 |
| Student Name (2): | | \$80 |
| Student Name (3): | | \$80 |
| Student Name (4): | | \$80 |

| Number of Students | Fee | Total Amount Due | Check Number | Date Received by office | # Received for Class |
|--------------------|--------|------------------|--------------|-------------------------|----------------------|
| | X \$80 | = \$ | | | Student (1) |
| | | | | | Student (2) |
| | | | | | Student (3) |
| | | | | | Student (4) |

Please send a **Nut Free**, nutritious snack for your student(s) to eat after school and before class starts. It should be something that they can manage themselves and be no more than two items — such as a cheese stick and a piece of fruit or goldfish crackers and a go-gurt.