

Reserve your space at danville.code@gmail.com

Computer Class Registration

Please bring this completed form to your first class.

Your Name _____

Name of School/Grade in School _____

Your Email Address _____

Your Phone _____

Parent Name _____

Parent Email Address _____

Parent Phone (cell) _____

Parent Phone (home) _____

For Parents:

I give permission for _____
to take part in the coding classes at the Boyle County Public Library and to use
the library internet during the coding classes.

Parent Signature _____

Date _____

Please note any health issues we should be aware of.

Questions may be addressed to: danville.code@gmail.com