



## STE(A)M Camp Permission Slip

*Directions: Please fill in the information, sign and date, and return it to the Church of Christ with your child.*

I give my child \_\_\_\_\_ permission to attend STE(A)M Camp, June 23-27, 2025, at the Church of Christ in Sandtown, 801 N. Mount Street, Baltimore MD 21217. Lunch will be provided daily.

Parent/Guardian name \_\_\_\_\_

☐ I want to be a chaperone and attend STE(A)M Camp with my child.

☐ I will not attend.

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Medical, food allergies, or other concerns Y\_\_\_\_N\_\_\_\_ (Explain:) \_\_\_\_\_

*By signing this form, I agree to releasing the Church of Christ, its volunteers and assigns, from all liability, and I agree to assuming all risks of my child's participation in this STE(A)M Camp.*

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**Questions? Call Minister Worley, [dworley145@gmail.com](mailto:dworley145@gmail.com), 443-962-9154  
or, Dr. Worley, [virtueinChrist@gmail.com](mailto:virtueinChrist@gmail.com), 443-374-2920**