

STEM Registration

*Please fill out and return to the Library before or
on the first day of STEM*

Participants Name: _____

Grade: _____

Parents Name: _____

Address: _____

Parent's Phone Number: _____

Emergency Contact Name and Number: _____

After STEM, my child is to (check one):

_____ Walk home

_____ Will be picked up and signed out by parent or
guardian.

Parent's Signature: _____

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