



STEM Camp
2019 REGISTRATION FORM
June 17-21 9:00am-12:00pm

Full name of child: _____

STEM camp will run from 9:00am till noon Monday-Friday. Pick-up needs to be completed by 12:15. Please note that the camp includes experiments and tools that must be used and done following instructions for safety. Please make sure you child understands this to minimize risk.

Please indicate below how your child will be leaving the museum and sign below.

My child, _____, has my permission to:

- walk home
- ride home with (name) _____
- drive his or herself
- other (please specify) _____

at the conclusion of the STEM Camp at the Lakeshore Museum Center.

(Signature of Parent or Guardian) (Date)

Emergency Contact Information

Parent/Guardian Name(s): _____

Address: _____ (city, zip) _____

Phone (Home): _____ (Work): _____

Emergency Contact (if parent cannot be contacted): _____

Phone: _____ Relationship to child: _____