

STEM Nonprofit Child Participant Signup

Participant Information

Child's Full Name

Date of Birth

Gender

School Name

Current Grade

Parent/Guardian Information

Parent/Guardian Name

Relationship to Child

Parent/Guardian Email

Parent/Guardian Phone

Home Address

Medical and Emergency Information

Allergies or Medical Concerns

Alternate Emergency Contact Name

Emergency Contact Phone

Permissions

☐

I grant permission for my child's photo/video to be used for nonprofit promotional purposes.

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I consent to my child's participation in STEM nonprofit programs.

Signature

Parent/Guardian Name (Signature)

Date