



PERMISSION SLIP

I (parent/guardian)

Give (student(s)

(name/grade/classroom teacher)

(name/grade/classroom teacher)



permission to participate in the STEM Lego Club.

Emergency: Cell #: _____ Home #: _____

Special Notes/Allergies: _____

Signature: _____ Date: _____



	<p>STEM Lego Club Registration Form</p> <p>8001 NE 8th Street Medina, WA 98039</p>			
Child's Name:		Grade/Teacher:		
Guardian:		Home Ph:		
Cell Ph:		Work Ph:		
Email (will confirm by email):		Allergies:		
Emergency Contact: (other than Guardian)				Phone:
Please list 2 people authorized to pick up your child (other than Guardian)	Name:			Phone:
	Name:			Phone:
Circle (one or both)	Wednesday (12:15-1:15)		Wednesday (1:20-2:20)	
I give permission for my child to walk home since he/she is in 4 th or 5 th Signature of Guardian:				

Membership requirement:

1. Full payment of \$200/child for 15-week program (spring 2012): payable to Medina PTA) required with completed registration.
2. If space allows, your child may sign up for both sessions
3. We will focus more on NTX for selected students (only for 2nd session)
4. Parent volunteer requirement up to once a month

*Students are NOT allowed to bring any legos from home.

*Any student(s) who is not engaged, interested, or disruptive will be asked to leave upon instructors' discretion.

Wednesdays: (2/29. 3/7.14.21.28. 4/4.18.25 5/2.9.16.23.30 6/6.13)