

**Grades K-2 Kids STEM Camp Registration**  
August 3-5, 2016 1-4 pm

● **Child Information**

Last Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Gender:  Male  Female Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Entering \_\_\_\_\_ grade in 2016

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

● **Mother/Guardian Information**

Name: \_\_\_\_\_

Daytime #: \_\_\_\_\_ Cell: \_\_\_\_\_

● **Father/Guardian Information**

Name: \_\_\_\_\_

Daytime #: \_\_\_\_\_ Cell: \_\_\_\_\_

● **Additional Emergency Contact**

Name: \_\_\_\_\_

Relationship to child : \_\_\_\_\_

Daytime #: \_\_\_\_\_ Cell: \_\_\_\_\_

Does your child have any special medical needs, allergies, or take any medications?

Circle one: No Yes - (please explain below)

\_\_\_\_\_

● **I Understand That**

- The Fort Worth Museum of Science and History will arrange any necessary emergency treatment in the event the parents or authorized person listed above cannot be reached
- Photographs of my child in the Kids Camp environment may be taken for promotional and archival purposes.
- Please initial: \_\_\_\_\_ Yes, my child's photograph/first name may be used  
\_\_\_\_\_ No, my child's photograph/first name may not be used

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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