



YMCA Family and Community Partnership (YFCP) with STEM Beginnings

Young Scientists - _____(state the name of the Library)

Name/s of Child / Children:

Child's Age:

Medical Alert/Allergies:

Parent's/Guardian's Name:

Email (for YFCP & STEM Beginnings):

Town you belong to:

Consent: May we photograph your child for marketing purposes and newsletters that will be sent to parents after each session? **YES** **NO**

Parent's/Guardian's Signature:



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