



**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:

Parent's/Guardian's Name:

Medical Alert/Allergies:

Email (for YFCP & STEM Beginnings):

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:

Date: