

S.T.E.A.M. Science, Technology, Engineering, Art, and Math

Sponsored by the National Council of Negro Women Inc. S.D

16<sup>th</sup>Annual Workshop-Saturday May 27, 2017

RAFFLE

<u>FREE</u> workshops for girls created by women to educate girls about careers in Science, Technology, Engineering, Art, and Mathematics

| For:  | Girls Grades 4 <sup>th</sup> -9 <sup>th</sup> |  |
|-------|---|--|
| Time: | 8:00 a.m. – 3:00 p.m.                         |  |
| Where | Bethune School - K8                           |  |
|       | 6835 Benjamin Holt Road                       |  |
|       | San Diego, CA 92114                           |  |

## (STEAM) WORKSHOP: NO REGISTRATION AT THE DOOR Formsmustbemailedto:NCNW,P.O.Box740332, San Diego, CA92174, by May 16, 2017. If you have

any questions or concerns please email <u>ncnwstem@gmail.com</u> or call (619) 262-0283 or (619) 807-2126

## **Student Information (please print):**

|   |                           |  | /                   | /                            |       |
|---|---------------------------|--|---------------------|------------------------------|-------|
| First Name  | Middle Initial            | Last Name                                  | School A            | Attending (                  | Grade |
| Street Address  | (                         | City                                       |                     | Zip Code                     |       |
| Student is under custodial care                       | of (check one): $\Box$ Bo | oth Parents D Mother                       | Father Other (S     | Specify)                     |       |
|   | /                         | /  |                     | Cell & H                     | ome   |
| First Name - Parents/Guardian                         | Last Name                 | Telephone Number                           |                     |                              |       |
| <b>Emergency Contact:</b>                             |                           |  |                     |                              |       |
|   | /                         | /  | /                   |                              |       |
| First Name  | Last Name                 | Relation                                   | nship Tel           | ephone Number                |       |
| Depart Signatura                                      |                           | me of Person picking stude / Email Address |                     | /                            |       |
| Parent Signature                                      |                           | Email Address                              |                     | Date                         |       |
| Yes I give approval for my taken for the 2017 S.T.E.A |                           | e No I do not                              | give approval for n | ny child's picture to be tak | en    |
| Yes I would like to attend                            |                           | WORKSHOP TIME: 9aı                         | m- 12pm             |                              |       |
|   | 1                         |  | 1                   |                              |       |
| rst Name  |                           |  | <u>/</u>            |                              |       |
| stitutie  | Last Name                 |  | Email Address       |                              |       |