



STEM camp

WHO:

UPCOMING 1ST-5TH GRADE

WHAT:

PARTICIPATE IN ACTIVITIES AND EXPERIMENTS WHICH REINFORCE SCIENCE, TECHNOLOGY, ENGINEERING AND MATH CONCEPTS.

WHEN:

JULY 24-27

9:00AM-12:00PM

*IF YOUR CHILD PARTICIPATES IN KID'S CLUB
WE CAN PICK THEM UP AND RETURN THEM TO KIDS CLUB
AFTER CAMP.



WHERE:

ROOM A4- TCS SCIENCE/STEM ROOM
PICKUP/DROP-OFF AT E-BUILDING CIRCLE DRIVE

Please complete this section and return with payment to Trinity office by Friday, June 30th
Questions: kwarnock@trinitydublin.org

Student Name _____ Grade _____

Parent Name _____

Parent Email _____

Contact Numbers Cell _____ Home or Work _____

I give permission for my child _____ to participate in the TCS STEM Camp and do hereby release Trinity Christian School, its administration, its staff, and any camp staff from any and all liability arising out of such participation in this event.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Complete and Return with Check (made payable to TCS). Space is reserved when payment is received.