

STEM GEMS

Inspiring the next generation of future **SCIENTISTS, TECHNOLOGISTS, ENGINEERS & MATEMATICIANS.**

THEME: Space & Aerospace Engineering

Program Dates

Oct. 1 & Oct. 15
Nov. 5 & Nov. 19
Dec. 3 & Dec. 17
Jan. 28
Feb. 4 & Feb. 18
March 4 & 18
April 8 & April 22
May 6

Location

Charles Santore Library
932 S. 7th Street
Philadelphia, PA 19147

Time

10-2PM

**girls
inc.**

of Greater Philadelphia
& Southern New Jersey



Girls Inc. of Greater Philadelphia & Southern New Jersey invites girls ages **9-11** to participate in **STEM GEMS**, a component of our Operation SMART program.

Girls will participate in hands-on activities where they will explore, ask questions, persist and solve problems. Girls will learn to view STEM (science, technology, engineering, and math) careers as exciting and filled with new opportunities.

STEM GEMS will inspire girls to have fun while exploring chemistry, electrical engineering, environmental science, and media arts.

Program participants will:

- Develop leadership skills
- Gain confidence in math & science
- Connect with mentors
- Participate in educational field trips

To register a girl or to learn more contact:

Cherice Arrington, Education & Outreach Coordinator
Email: Carrington@girlsincpa-nj.org
Call: (215)735-7775 x 404



Girls Inc. of Greater Philadelphia & Southern New Jersey

of Greater Philadelphia & Southern New Jersey

Registration Form (Check One) o STEM GEMS o Rising STARS o Ambassador Club

APPLICANT INFORMATION:

Girl's First Name: Last Name:

Birthdate: Month Day Year Age:

Email Address:

Name of School Grade:

T-shirt size: small medium large x-large 2x-large 3x-large

Special medical conditions, illnesses, diseases, or allergies:

Yes No If yes, please explain (include list of medications or inhaler being used):

Does the girl have any special interests or hobbies?

What are her career interests?

PARENT/GUARDIAN INFORMATION:

I am her (please circle one): Mother Father Grandparent Aunt Uncle Foster Parent Other

First Name Last Name

Home Address:

Street City State Zip code

Home Phone: Cell Phone:

Email Address:

Additional Parent/ Guardian (Check box if address is the same)

First Name Last Name

Home Address: Phone Number:

Email Address:

IN CASE OF EMERGENCY*

Emergency Contact _____ Phone: _____

Relation to Girl: _____

TRANSPORTATION

I give my child permission to be picked up by the following individuals:

___ **Parent/Guardian** Name: _____ Telephone # _____

___ **Family Member** Name: _____ Relationship: _____

Telephone # _____

___ **Family Member** Name: _____ Relationship: _____

Telephone # _____

My child can take public transportation on her own: (circle one) YES or NO

PLEASE CHECK ALL BOXES THAT APPLY:

The following information is confidential and used only for statistical purposes.

Race: American Indian/Native American **My child lives with:** Both Parents
 Black/African American Mother Only
 Hispanic/Latino Father Only
 White/European Descent Foster Parent
 Asian/Pacific Islander One Parent at a time
 Multiracial _____ (Joint Custody)
 Other: _____ Other: _____

Income: Under \$10,000 \$20,000-\$25,000 \$35,000-\$40,000 \$50,000-\$60,000
 \$10,000-\$15,000 \$25,000-\$30,000 \$40,000-\$50,000 Over \$60,000
 \$15,000-\$20,000 \$30,000-\$35,000

Number of people in household: _____

School Lunch Eligibility: Free Reduced Full Priced/Bring Own Lunch

Main Language Spoken At Home: English Spanish Other _____

Girls Incorporated of Greater Philadelphia & Southern New Jersey
Article and Photo Release Consent Form

Article and Photo Release

I hereby give permission to Girls Inc. to use the first name and photos of the girl listed below for newsletter articles or other promotional literature. I understand that the last name will be used.

Participant's Full Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

I would like to be enrolled in Girls Inc. of Greater Philadelphia & Southern New Jersey's email list serve. I understand that I will receive updates on upcoming programming and events periodically. I understand that I can opt out of this service at any time.

_____ Yes or _____ No

Girls Inc. Of Greater Philadelphia & Southern NJ
Waiver and Release of Liability

1. By signing this Waiver and Release of Liability (Agreement), I waive and release Girls Inc. of Greater Philadelphia & Southern NJ, its agents, servants, employees, insurers, successors and assigns from any and all claims, demands, causes of action, damages or suits at law and equity of any kind, including but not limited to claims for personal injury, property damage, medical expenses, loss of services, on account of or in any way related to or growing out of my presence or involvement at the facility.

This waiver and release is intended to and does release Girls Inc. of Greater Philadelphia & Southern NJ from any and all liability for damages or injuries on account of or in any way related to or growing out of my negligence, the negligence of third parties and Girls Inc. of Greater Philadelphia & Southern NJ's negligence. This is not intended to release Girls Inc. of Greater Philadelphia & Southern NJ from any liability resulting from their intentional conduct.

I further covenant and agree not to institute any claims or legal action against Girls Inc. of Greater Philadelphia & Southern NJ for any claim released by this Agreement. I further agree that should any claim be made against Girls Inc. of Greater Philadelphia & Southern NJ in contravention of this Agreement, including but not limited to derivative claims, I will protect, defend and completely indemnify (reimburse) Girls Inc. of Greater Philadelphia & Southern NJ for any such claim and expenses including attorney's fees and costs incurred by Girls Inc. of Greater Philadelphia & Southern NJ in defending themselves or security indemnity hereunder.

2. I understand that Girls Inc. of Greater Philadelphia & Southern NJ is not responsible for any lost, stolen, or damaged valuables or property.

I have read the Agreement and understand that by signing the Agreement I have consented to be bound by its terms, including the waiver/release of any legal right I may have to sue Girls Inc. of Greater Philadelphia & Southern NJ for any costs they incur because a claim or legal action is brought in violation of this Agreement. I agree any violation of the Agreement and its terms and conditions, as determined by Girls Inc. of Greater Philadelphia & Southern NJ, will void and terminate this Agreement and may result in loss of the ability to use the facility.

Participant Name _____

I, _____, (Print Parent/Guardian Name) fully understand and agree to the above terms.

Signature _____ Date _____

Return application to:

Administrative Office

Mail To:

Girls Inc. of Greater Philadelphia & Southern New Jersey

1501 Cherry Street

Philadelphia, PA 19102

Phone: 215-735-7775 x 404

Fax Number: 215-764-5099

Scan To: carrington@girlsincpa-nj.org