

**Girls Who Code**

**Wednesdays 3-4**

**Room 107**

Please fill out the information below and return it to the main office. Please complete a form for each child.

**Student Information:**

Student's Name: \_\_\_\_\_ Team: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

**Please let us know if your child has any physical limitations and/or food allergies.**

\_\_\_\_\_

**I give permission for my child to participate in this activity.**

Parent/Guardian Signature \_\_\_\_\_

\_\_\_\_\_