

# STEM



# Bees

For girls in 3<sup>rd</sup> grade at Connolly School  
*Para las niñas en 3 grado en Connolly School*

**JOIN US FOR A FUN TIME! Únete Con Nosotras!**

**Girls will participate in team-building skills to:**

- o Go on a journey of self –discovery!
- o Participate in acting, role playing and fun interactive games and activities.
- o Learn how to be yourself in a busy world!

**Date (Fecha):** Friday, May 11 & 18, June 1

**Time (Hora):** 12:20pm – 1:20pm

**Place (Direccion):** Connolly School

**Cost(o):** \$30

This includes membership (Financial Assistance is available). *Incluye membresía anual de Girl Scouts (Asistencia Financiera disponible)*

For more information,

*Para mas información en Español, favor llamar á:*  
Patricia Pacheco, Community Partnership Manager  
(516) 741-2550 [customercare@gsnc.org](mailto:customercare@gsnc.org)

**Please fill out the form on the back/llevar formulario atras →**

Contact: Patricia Pacheco,  
Community Partnership Manager  
(516) 741-2550  
[customercare@gsnc.org](mailto:customercare@gsnc.org)

**STEM - Bees**  
**Date (Fecha):** Friday, May 11 & 18, June 1  
**Time (Hora):** 12:20pm – 1:20pm  
**Place (Dirreccion):** Connolly School  
**Cost(o):** \$30. This includes membership (Financial Assistance is available). *Incluye membresía anual de Girl Scouts (Asistencia Financiera disponible).*

**Permission Slip: STEM Bees**

Please fill out and return payment to Connolly School  
*Favor llenar el formulario y devolverlo con pago a la escuela Connolly*

Name (Nombre): \_\_\_\_\_  
Address (Dirreccion): \_\_\_\_\_ Apt.: \_\_\_\_\_  
City (Pueblo): \_\_\_\_\_ Zip Code (Codigo Postal): \_\_\_\_\_ State: NY  
Birth Date (Fecha de Nacimiento): \_\_\_\_\_  
Grade (Grado): \_\_\_\_\_ School (Escuela): \_\_\_\_\_  
Parent's Name (Padre Nombre): \_\_\_\_\_  
Parent's Email (correo electronico): \_\_\_\_\_  
Parent's Home Phone (Telefono): \_\_\_\_\_  
Parent's Cell Phone (Telefono movil): \_\_\_\_\_

**Payment**

The fee requested is \$30. This includes Girl Scout Membership fee. Payment by cash, check or money order payable to: GSNC. Limited Financial Assistance available.  
*Incluye membresía anual de Girl Scouts. Pago en efectivo, cheque ó giro postal pago á: GSNC. Asistencia Financiera disponible.*

- Payment enclosed. *Pago incluido.*
- I am enclosing \$\_\_\_\_\_ and requesting financial assistance for the balance. *Mando \$ \_\_\_\_\_ y pido asistencia financiera para el balance*

- I give permission to Girl Scouts of Nassau County, Inc. to use photos taken of my child during Girl Scout activities for Girl Scout publicity in local newspapers and displays. *Dooy permiso a Girl Scouts of Nassau Count para que las fotos tomadas de mi hija actividades de Girl Scouts, sean publicadas pata promoción del grupo.*
- I **DO NOT** give permission for the registrant to be photographed, videotaped or otherwise electronically imaged.

Parent/Guardian's Signature (*Firma de Padre/Tutor*)

Date (*Fecha*)