

Non-Scholarship Registration Form

Parent/Guardian Information

Name: _____ Phone: _____

E-mail Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Child Information

Name _____ Age: _____ Grade (Fall 2018): _____

Name of Class	Dates	Fees
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

All fees due at time of registration. Total: _____

Please help us get to know your child. Check all that apply.

High Energy Easy Going Withdrawn/Shy Wanders/Runs Off Helpful Cautious

Child Health Information

Please Note: In order to successfully prepare for your child, we need as much information as possible, which helps us to provide your child the best camp experience possible. We are happy to answer questions about how this form will be used.

This information will not be shared with anyone but the class instructor without parent's permission.

Please list foods to avoid due to allergies or special diets: _____

Other Allergies (pets, insects, or pollen, ect.): _____

Behavioral & Physical Conditions. Please check all that apply.

Hearing Impaired Visually Impaired Sensory Disorder

Autism Spectrum Disorder Bipolar

Has your child been diagnosed with any other behavioral or physical conditions you would like us to be aware of? Please explain: _____

Mail registration form and check to: Hastings Museum, c/o Summer Fun Classes,
P.O. Box 1286, Hastings, NE 68902

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Hastings
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