Scholarship Registration Form

Parent/Guardian Information

Name: ______________________________________ Phone: ________________________

E-mail Address: ________________________________________________________________

Address: ________________________________ City: __________________ State: _____ Zip: _______

Emergency Contact: ______________________________________________________________

Phone Number: ________________________________ Relationship: _______________________

Child Information

Name: ____________________________________________ Age: ______________

Nickname: _______________________________ Grade (Fall 2020): _______ School: _____________

Ashley Kulwicki Summer Fun Scholarship (Limit to 1 class per child)

☐ My child qualifies for the Free and Reduced Lunch Program. By checking this box, you give the Hastings Museum permission to verify that your child does qualify for the Free and Reduced Lunch Program.

The scholarship pays for 2/3 of the class fee. You owe the other 1/3, at the time of registration. If the class cost $35/$40 you owe $12. If the class cost $45/$50 you owe $15.

Name of Class Requested for Scholarship Dates Fees
1. _______________________________________________ ____________________ ___________

Name of Additional Classes You Wish To Pay For Dates Fees
2. _______________________________________________ ____________________ ___________
3. _______________________________________________ ____________________ ___________
4. _______________________________________________ ____________________ ___________

T-Shirt Size: ___________ 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☐ High Energy ☐ Easy Going ☐ Withdrawn/Shy ☐ Wanders/Runs Off ☐ Helpful ☐ Cautious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, pollen, etc.): ________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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