

# 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: \_\_\_\_\_

Nickname: \_\_\_\_\_ Grade (Fall 2021): \_\_\_\_\_ School: \_\_\_\_\_

Name of Class	Dates	Fees
1. _____	_____	_____
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High Energy  Easy Going  Withdrawn/Shy  Wanders/Runs Off  Helpful  Cautious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, 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

ONLINE



Hastings  
Museum

Natural & Cultural History  
Planetarium • Theatre