

# Non-Scholarship Registration Form

## Parent/Guardian Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child #1 Information Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name for Nametag: \_\_\_\_\_ Grade (Fall 2022): \_\_\_\_\_

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High Energy Easy Going Withdrawn/Shy Wanders/Runs Off Helpful Cautious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 #2 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High Energy  Easy Going  Withdrawn/Shy  Wanders/Runs Off  Helpful  Cautious



**Hastings  
Museum**

Natural & Cultural History  
Planetarium • Theatre

Mail registration form and check to: Hastings Museum, c/o Summer Fun Classes,  
1330 N. Burlington Ave, Hastings, NE 68901

# Medical Form

**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.**

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## Child #1 Health Information

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Child #2 Health Information

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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