Scholarship Registration Form

Parent/Guardian Information

Name: ______________________________________ Phone: ______________________
E-mail Address: ____________________________________________________________
Address: ___________________________________________ City:___________________ State:_____ Zip:__________
Secondary Contact:_________________________________________________________________
Phone Number: ________________________________ Relationship:_________________________

Child Information

Name:__________________________________________   Age:___________
Name for Nametag: ____________________________   Grade (Fall 2024): _______    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 100% of the class fee.

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☐ High Energy ☐ Easy Going ☐ Withdrawn/Shy ☐ Wanders/Runs Off ☐ Helpful ☐ Cautious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, 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,
1330 N. Burlington Ave, Hastings, NE 68901