

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 2025): _____ 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High Energy Easy Going Withdrawn/Shy Wanders/Runs Off Helpful Cautious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



Hastings Museum

Natural & Cultural History
Planetarium • Theatre