

2011 Summer Spectrum Registration Form

PLEASE FILL OUT BOTH SIDES!

USE FOR NOW

PRIMARY GUARDIAN: _____ SECONDARY GUARDIAN: _____
 STREET ADDRESS: _____ STREET ADDRESS: _____
 CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____
 HOME PHONE: () _____ HOME PHONE: () _____
 WORK PHONE: () _____ WORK PHONE: () _____
 CELL PHONE: () _____ CELL PHONE: () _____
 E-MAIL: _____ E-MAIL: _____
 PHONE: _____ PHONE: _____
 EMERGENCY CONTACT (OUT OF HOME): _____ PHONE: _____

Check here if your household has been approved for 2011 Fee Assistance. Staff will verify at time of registration.

Check here if you would prefer your receipt sent via email when possible.



Child's name: _____ Birthdate: _____ Gender: M / F Does child have a disability/medical condition? Y / N Please list/explain: _____ _____ Is SUPPORT needed for condition? Y / N Is the child diabetic?* Y / N Any food allergies/diet restrictions? Y / N Please list food allergies/diet restrictions: _____ _____ List any other allergies (excluding hay fever/seasonal): _____ Epi-pen or similar needed for allergies?* Y / N Please list any medications being taken: _____ _____ Will child need meds during the program?* Y / N * Additional paperwork required, please call 952-563-8877.

Child's name: _____ Birthdate: _____ Gender: M / F Does child have a disability/medical condition? Y / N Please list/explain: _____ _____ Is SUPPORT needed for condition? Y / N Is the child diabetic?* Y / N Any food allergies/diet restrictions? Y / N Please list food allergies/diet restrictions: _____ _____ List any other allergies (excluding hay fever/seasonal): _____ Epi-pen or similar needed for allergies?* Y / N Please list any medications being taken: _____ _____ Will child need meds during the program?* Y / N * Additional paperwork required, please call 952-563-8877.

Child's name: _____ Birthdate: _____ Gender: M / F Does child have a disability/medical condition? Y / N Please list/explain: _____ _____ Is SUPPORT needed for condition? Y / N Is the child diabetic?* Y / N Any food allergies/diet restrictions? Y / N Please list food allergies/diet restrictions: _____ _____ List any other allergies (excluding hay fever/seasonal): _____ Epi-pen or similar needed for allergies?* Y / N Please list any medications being taken: _____ _____ Will child need meds during the program?* Y / N * Additional paperwork required, please call 952-563-8877.

SUMMER SPECTRUM REGISTRATION FORM

