



# MY SPECTRUM SCHOOL

## *Gifted & Talented Education*

11 Sintsink Drive East, Port Washington, New York 11050

516-883-8035

myspectrumschool.com

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## 2018 Summer Camp Registration (Form A)

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### Student Information

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Gender:  Male  Female

Name: \_\_\_\_\_  
(Last) (Middle) (First)

Date of Birth (month/day/year): \_\_\_\_\_

School District: \_\_\_\_\_

**Child's food allergies (please check all that apply):**

Eggs  Milk  Soy  Wheat  Shellfish  Fish  
 Peanuts  Tree Nuts (walnut, cashew, pecan, etc.)  Other \_\_\_\_\_

**Child's other allergies (please check all that apply):**

Latex  Bees  Wasps  Hornets  Other \_\_\_\_\_

**Child's domain strengths (please check all that apply):**

Math  Science  Language  Art (Visual)  Music  
 Social Understanding  Movement (Bodily Kinesthetic)

**How did you hear about us?**

Web Search  Google Ad  Facebook Ad  Print Ad  Other \_\_\_\_\_

## Gifted & Talented Summer Camp Program: Ages 2 – 11

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\* Choose week(s), session(s), and 2, 3, 4, or 5 days – Schedule is confirmed as selected below

Week	Session	Monday	Tuesday	Wednesday	Thursday	Friday
Jul 2-6	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>
	12:00pm - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>
Jul 9-13	9:00am - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12:00pm - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jul 16-20	9:00am - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12:00pm - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jul 23-27	9:00am - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12:00pm - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jul 30- Aug 3	9:00am - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12:00pm - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 6-10	9:00am - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12:00pm - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 13-17	9:00am - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12:00pm - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 20-24	9:00am - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12:00pm - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 27-31	9:00am - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 12:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12:00pm - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Sibling Information

Name	Birth Date	Relationship	School & Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Parent/Legal Guardian Information

### Parent/Legal Guardian #1

**Please check one:**  Parent  Step-Parent  Legal Guardian  Foster Parent

Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Parent/Legal Guardian #2

**Please check one:**  Parent  Step-Parent  Legal Guardian  Foster Parent

Dr.  Mr.  Mrs.  Ms.

\_\_\_\_\_  
(Last)

\_\_\_\_\_  
(First)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

1: Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
2: Signature of Parent or Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_