



MY SPECTRUM SCHOOL

Gifted & Talented Education

11 Sintsink Drive East, Port Washington, New York 11050

516-883-8035

myspectrumschool.com

2019 Summer Camp Registration (Form A)

Student Information

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

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

Week	Session	Monday	Tuesday	Wednesday	Thursday	Friday
Jul 8-12	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 - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jul 15-19	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 - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jul 22-26	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 - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jul 29- Aug 2	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 - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 5-9	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 - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 12-16	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 - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 19-23	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 - 3:00pm	<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: _____