



# MY SPECTRUM SCHOOL

*Early Childhood Education  
Gifted & Talented Education*

11 Sintsink Drive East, Port Washington, New York 11050  
516-883-8035

info@myspectrumschool.com  
myspectrumschool.com

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## 2020 - 2021 School Programs: Registration (Form A)

Child's Gender:  Male  Female

Child's Name: \_\_\_\_\_  
(Last) (Middle) (First)

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

Child's Current Age: \_\_\_\_\_

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

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

Eggs  Milk  Soy  Wheat  Shellfish  Fish  Peanuts  Tree Nuts (walnuts, cashews, pecans, 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  Music  Social Understanding  Movement (Bodily Kinesthetic)

### How did you hear about us?

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

### Parent/Legal Guardian Information:

#### Please check one:

Parent  Step-Parent  Legal Guardian  Foster Parent  
 Dr.  Mr.  Mrs.  Ms.

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

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

#### Please check one:

Parent  Step-Parent  Legal Guardian  Foster Parent  
 Dr.  Mr.  Mrs.  Ms.

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

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

### Primary Contact Information:

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

City, Zip: \_\_\_\_\_

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

Emergency Phone: \_\_\_\_\_

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

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

**Sibling Information:**

Name	Birth Date	Relationship	School & Grade

**School Programs: Age 18 months - Age 9**

Please select program(s), session, and number of days.

Schedule confirmed as selected below:

**Toddler: Age 18 months - 35 months\***

*\*Program changes from Toddler to Preschool on the 1st of the month following the child's 3rd birthday.*

**Preschool: Age 3**

**Pre-Kindergarten: Age 4**

**Junior Kindergarten: Age 5**

**Kindergarten: Ages 5 - 6**

Select 3 days, 4 days, or 5 days:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
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 - 1:00pm	<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"/>

**Grade 1: Ages 6 - 7**

Select 5 days:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**After School Enrichment: Ages 3 - 9**

Select 1 day, 2 days, 3 days, 4 days, or 5 days:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
3:00pm - 6:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Print of Parent or Legal Guardian: \_\_\_\_\_