



# 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

## 2021-2022 School Programs: Registration (Form A)

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

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

Child's Gender:  Female  Male

Child's Dominant Language \_\_\_\_\_

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):

Linguistic/Language  Logical/Mathematical  Naturalist/Science  Spatial/Art  Musical  
 Intrapersonal/Interpersonal/Social Understanding  Bodily-Kinesthetic/Movement

### 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)

Occupation: \_\_\_\_\_

#### Please check one:

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

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

Occupation: \_\_\_\_\_

### Primary Contact Information

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Sibling Information:**

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

**School Programs: Age 18 months - Age 12**

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

**Toddler: Age 18 months - Age 35 months** (birthday November 2018 - April 2020)

Select 3 days, 4 days, or 5 days:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 9:00am - 12:00pm	<input type="checkbox"/>	<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"/>
<input type="checkbox"/> 9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Preschool: Age 3/4** (birthday January 2018 - October 2018)

Select 3 days, 4 days, or 5 days:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 9:00am - 1:00pm	<input type="checkbox"/>	<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"/>

\*Child must be potty trained and wear underwear.

**Pre-Kindergarten: Age 4/5** (birthday January 2017 - December 2017)

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

**After School: Age 18 months - Age 5** (Separate Age Groups)

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

Session	Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 3:00pm - 4:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3:00pm - 5:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*My Spectrum School children.

**After School Enrichment: Kindergarten - Grade 5** (Separate Age Groups)

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

Session	Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 2:30pm/3:00pm - 4:00pm (bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3:00pm - 5:00pm (car)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2:30pm/3:00pm - 5:00pm (bus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Public/Private School children. Free Bus Transportation available directly from Port Washington Public School District.

**Extended Day: Age 18 months - Age 12** (Separate Age Groups)

Select 3 days, 4 days, or 5 days:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> 8:30am - 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5:00pm - 5:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Extended Day: Child must be enrolled in school, after school, or after school enrichment.

**Parent/Guardian/Payee:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**My Spectrum School's Administrator, Director, or Teacher:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_