

SCOPE EDUCATION SERVICES  
Manhasset Summer Center 2010

INTERMEDIATE REGISTRATION FORM  
(Grades Pre-3, Pre-4, Pre-5, and Pre-6)

Mail in completed Registration Form, Medical Form, and check with child's name and phone # or credit card authorization form to:

SCOPE/Manhasset Summer Center  
100 Lawrence Avenue  
Smithtown, NY 11787

**All Pre-3, Pre-4, Pre-5 and Pre-6 students must include a copy of immunizations.**

**Please Print**

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_ M \_\_\_ F \_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address: \_\_\_\_\_

Address \_\_\_\_\_ Home # \_\_\_\_\_

Contact in case of emergency \_\_\_\_\_ Home # \_\_\_\_\_

\_\_\_\_\_ Home # \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor's # \_\_\_\_\_

Medical and allergy information \_\_\_\_\_ Birthdate \_\_\_\_\_

**GRADE COMPLETED THIS YEAR** \_\_\_\_\_ School attended this year \_\_\_\_\_

**Please Check**

\_\_\_\_\_ Yes, I want a bus stop assigned to me. \_\_\_\_\_ No, I will bring my child and I do not require a bus stop.

I give permission for my child to be photographed (please circle one) Yes No

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**For Office only:** Received by \_\_\_\_\_ Date \_\_\_\_\_ Posted \_\_\_\_\_

Assignment Pre- \_\_\_\_\_ Classroom # \_\_\_\_\_ Teacher \_\_\_\_\_

Bus Letter \_\_\_\_\_ Bus Stop \_\_\_\_\_ Time \_\_\_\_\_

**Please fill in the program card below and mail back with your registration materials to Scope.**

Name _____ Bus * _____ Time * _____	Address _____ Phone # _____ Grade <u>Pre-</u> _____ Bus Stop * _____
<b>A Day</b>	<b>B Day</b>
1.	1.
2.	2.
3.	3.
4.	4.

**\* We will fill in this information and return the program card to you by mail.**

**\*\* Should a course selection be filled or there is a conflict in programming a course substitution may be necessary.**

(For a full day program call Roni Jacobson at 627-7130 for the Max program)