

**SCOPE EDUCATION SERVICES
Manhasset Summer Center 2010
PRIMARY REGISTRATION FORM
(Grades Pre-K , Pre-1 and Pre-2)**

**Mail in completed Registration Form, Medical Form and check (or credit card authorization form) to:
SCOPE/Manhasset Summer Center
100 Lawrence Avenue
Smithtown, NY 11787**

- **All Pre-K, Pre-1 and Pre-2 registrations must include a copy of immunizations. This copy is in addition to that required in September.**
- **All Pre-K students and students not enrolled in Manhasset Public Schools or St. Mary's must include copy of birth certificate.**

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 _____ Emergency # _____

_____ Emergency # _____

GRADE ENTERING in Sept. 2010: _____

Additional information that you feel we should know about your child:

I would like my child to be placed in a group with:

(Please name your child's friends. We will make every effort to place your child with one friend.)

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 _____

For Office only: Received by _____ Date _____ Posted _____

Assignment Pre- _____ Classroom # _____ Teacher _____

Bus Letter _____ Bus Stop _____ Time _____