



A Little World for Big Thinkers

School Days Registration Form

Send completed form to info@imaginationexp.com

Contact

Child's Name: _____ Parent's Name: _____

Contact Phone: _____ Email: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

Does the child have any known allergies? If yes, to what? _____

Information

School/Organization Name: _____ District: _____

Grade Level: _____ Type of current School (Virtual/Hybrid/Homeschool): _____

Number of Days: 4 Days 3 Days 2 Days 1 Day

Which Days: Tuesday Wednesday Thursday Friday

Preferred Session: 9:00 am – 12:00 pm (Morning) 1:00 pm – 4:00 pm (Afternoon)
 9:00 am – 4:00 pm (All Day)

Dates you would like to sign up for: _____

Any specific learning challenges or IEP you would like us to be aware of:

Any additional comments or information that will assist us in best helping your child succeed?

