Spectrum Saturdays Registration

Register your child for a safe, fun, and supportive 12-hour respite experience designed for children with autism. Parents enjoy peace of mind while children engage in music, games, arts, and social activities. ****To receive a tax write-off please pay via zeffy. https://www.zeffy.com/en-US/ticketing/spectrum-saturdays

Parent/Guardian Full Name *

First Name Last Name

Parent/Guardian Phone Number *

Please enter a valid phone number.

Parent/Guardian Email Address *

example@example.com

Child's Full Name *

First Name Last Name

Child's Date of Birth *

Month Day Year

Child's Age *

Diagnosis (e.g., Autism Spectrum Disorder) *

Does your child have any allergies or medical conditions we should be aware of?

Authorized Pick-Up Persons (Names and relationship to child) *

Emergency Contact Name *

First Name Last Name

Emergency Contact Phone Number *

Please enter a valid phone number.

Which program are you registering for? *

- ☐ Spectrum Saturdays (12 hours, 2 Saturdays/month)
- ☐ After School Program (Mon–Fri, 3:30PM–7:00PM)

Please share anything else we should know about your child (interests, support needs, etc.)

Register