



# ANDERSON CREEK ACADEMY ADVENTURE CLUB REGISTRATION



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

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Please choose from the following options:

Morning Adventure Club \_\_\_\_\_

Monday -Friday 6:00 am to 8:00 am

K-2 Afternoon Adventure Club \_\_\_\_\_

\*Monday-Friday 3:00 pm to 3:30 pm

Afternoon Adventure Club \_\_\_\_\_

3:00 pm to 6:00 pm (snack)

Teacher Workdays \_\_\_\_\_

6:00 am to 6:00 pm

Both - Mornings and Afternoons \_\_\_\_\_

Half Days (includes snack) \_\_\_\_\_

Please provide **Emergency Contact** information:

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

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Is this person authorized to pick up student: Yes/No**

**Additional people permitted to pick up this student:**
