



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 6am to 8am

K-2 Afternoon Adventure Club _____
*Monday-Friday 3:00 to 3:30pm

Afternoon Adventure Club _____
3:00 pm to 6:00 pm (snack)

Half Days (includes snack) _____

Both- Mornings and Afternoons _____

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:

