

Chinook Winds Adventist Academy

K-6 EXTRACURRICULAR CLUB REGISTRATION FORM

HOURS: 7–8:00 am (M-F) and 3:45 pm – 5:30 pm (M-Th) and 1:45 – 3:30 pm (F)

I wish to register my child in the following Clubs:

<u>Check</u>	<u>Club</u>	<u>Dates</u>	<u>Cost</u>
•	Spanish Club	September - November	\$100 per child*
•	Art & Cooking Club	December - March	\$150 per child*
•	Sports & Science Club	April – June	\$120 per child*

** 2nd & 3rd child will receive a 20% discount*

CHILD'S LEGAL NAME: _____ **GENDER:** _____

CHILD'S HOME

ADDRESS _____

BIRTHDATE: _____

GRADE: _____

MOTHER'S NAME: _____ **CELL/**

WK#: _____

FATHER'S NAME: _____ **CELL/**

WK#: _____

HOME

ADDRESS: _____

EMERGENCY CONTACT NAME, PHONE NUMBER AND ADDRESS:

1. _____

2. _____

MEDICAL INFORMATION

FAMILY DOCTOR NAME: _____ **PHONE**

#: _____

CHILD'S AHC # : _____

Does the student have any serious medical concerns (eg: Serious Allergies, Heart Condition, etc) or require regular medication?

- NO
- YES (if yes, please fill out the Severe Allergy/Health Concern Alert Form from the office)

Please state any other medical condition such as minor allergies/asthma that we should be aware of _____

Does the child have updated immunization? _____

Parent/Guardian Signature: _____ **Date:** _____