



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>
<input type="checkbox"/>	Spanish & Sports	September - November	\$100 per child*
<input type="checkbox"/>	Art & Activities	December - March	\$150 per child*
<input type="checkbox"/>	Science & Sports	April - June	\$120 per child*
			* 2 nd & 3 rd child will receive a 20% discount

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

CHILD'S HOME ADDRESS _____

BIRTHDATE: _____ **GRADE:** _____

MOTHER'S NAME: _____

CELL/WK#: _____

FATHER'S NAME: _____

CELL/WK#: _____

EMERGENCY CONTACT NAME, PHONE NUMBER AND ADDRESS:

1. _____

2. _____

MEDICAL INFORMATION

FAMILY DOCTOR: _____ **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.

Immunizations up to date? **YES** **NO**

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