

FOR OFFICE USE ONLY:	
Registration Fee \$ _____	Activities Fee \$ _____ August Fee \$ _____ or First Month's Fee \$ _____
Immunization: _____	Physical: _____ Reg. Form: _____ ACH Form: _____ Receipt: _____ Bus Behavior Covenant: _____

ADVENT LUTHERAN SCHOOL ADVENTure Club '09-'10 Registration

BUS PICK-UP FROM _____ Elementary School

ADVENT LUTHERAN CHURCH MEMBER? YES ___ NO ___
 If no, are you currently active in a local church? ___ Name of church and pastor _____

STUDENT'S LAST NAME: _____ FIRST NAME: _____

NICKNAME: _____ M ___ F ___ AGE: _____ BIRTHDATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ STUDENT'S SOCIAL SECURITY #: _____ *(last four digits only)*

STUDENT LIVING WITH: (circle one) Both Parents Mother Father Other

Father's Name: _____ Mother's Name: _____

Occupation/Employer: _____ Occupation/Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ Email: _____

If student lives with someone other than parent(s)/stepparent(s) as listed above, indicate name, relationship and telephone:

Entering grade for 2009-2010 school year: _____ At what school? _____

If your child does not attend Advent School, up-to-date medical records must accompany ADVENTure Club application in order to attend. (Form 3040 & 680)

Authorization for Emergency Medical Care – Person(s) to notify in an emergency if parents cannot be reached:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Physician: _____ Office Phone #: _____

Proof of payment is the responsibility of parents or the person making payment. Cancelled checks and the Summer Camp receipts are accepted as proof. Person responsible for payments: _____

Physical defects, illnesses or allergies:
 _____ Treatment of Choice: _____
 _____ Treatment of Choice: _____

Helpful information about your child:

AUTHORIZATION FOR PICK-UP (list those OTHER than parents/stepparents or Emergency contact)

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____