

**ROCKWOOD ADVENTURE CLUB  
EARLY DISMISSAL  
FALL 2011-12  
REGISTRATION FORM**

**STUDENT INFORMATION**

**ACCOUNT #:** \_\_\_\_\_

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

Adventure Club School: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ (M/F) Grade (2011-12): \_\_\_\_\_

School Attending: \_\_\_\_\_

Kindergarten: \_\_\_\_\_ AM \_\_\_\_\_ PM Bus #: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

**BILLING INFORMATION (Person filling out application is billing responsible)**

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

Home Phone: ( ) \_\_\_\_\_

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

Work Phone: ( ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If child does not reside at Billing Address, please list child's address)

Street/City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

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

(Person responsible for billing)

**AUTHORIZATION**

I, Parent/Guardian #1, authorize Parent/Guardian #2 to make changes to this account.

Yes \_\_\_\_\_ or No \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian #1

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

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

Home Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Parent/Guardian #2

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

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

Home Phone: ( ) \_\_\_\_\_

Place of Employment: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

**Parent/Guardian Marital Status: (Please check)**

Married: \_\_\_\_\_, Single: \_\_\_\_\_, Divorced: \_\_\_\_\_, Separated: \_\_\_\_\_, Widow(er): \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ ADVENTURE CLUB SCHOOL: \_\_\_\_\_

Child lives with: (Please check)

Both Parents: \_\_\_\_\_, Parent 1: \_\_\_\_\_, Parent 2: \_\_\_\_\_, Other: \_\_\_\_\_  
(Please state)

Include any necessary Custody Information \_\_\_\_\_

(A set of custody papers must be kept on file at the site.)

ROCKWOOD EMPLOYEE: \_\_\_\_\_ Yes \_\_\_\_\_ No

ARE SIBLINGS PARTICIPATING IN AN ADVENTURE CLUB PROGRAM? \_\_\_\_\_ Yes \_\_\_\_\_ No

Sibling's Name: \_\_\_\_\_ Adventure Club School: \_\_\_\_\_

HAVE YOU PREVIOUSLY PARTICIPATED IN AN ADVENTURE CLUB PROGRAM? \_\_\_\_\_ Yes \_\_\_\_\_ No

**AUTHORIZED PEOPLE TO PICK UP CHILD OTHER THAN PARENT(S):**

NAME:	RELATIONSHIP:	PHONE#
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

**\*\*EMERGENCY CONSENT\*\***

In case of emergency, and neither the parents nor a guardian can be reached, do you give your consent for emergency procedures to be followed by the Adventure Club staff? This care will be consistent with the care needed and is to be of an emergency nature only.

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please check if your child has special needs in which cooperation might be helpful (Medical/Social/Allergies,etc):

Socializing Problems \_\_\_\_\_ Epilepsy \_\_\_\_\_ Diabetes \_\_\_\_\_

Bee Sting Allergy \_\_\_\_\_ Asthma \_\_\_\_\_ Hyperactivity \_\_\_\_\_

Food Allergies \_\_\_\_\_ Attention Deficit Disorder \_\_\_\_\_

Does your child receive any services from Special School District? \_\_\_\_\_ If yes, please describe:

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**ADVENTURE CLUB POLICIES**

1. Parent or authorized person must sign the child out each day by 6:00 PM
2. Adventure Club adheres to the Rockwood School District's policy for administering medication.
3. If a child's behavior consistently disrupts the flow of the program, physically or emotionally harms others and otherwise conflicts with the program rules and guidelines, the child may be dismissed from the program.

**\*\*REGISTRATION AGREEMENT (FALL 2011-12)\*\***

I HAVE READ, UNDERSTAND AND AGREE TO ADHERE TO THE POLICIES AND RULES STATED ABOVE.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT'S SIGNATURE DENOTES APPROVAL OF ALL OF THE ABOVE INFORMATION