Adventure World Academy

Registration Form

Name of Child: _____ Enrollment Date:_____

Birth Date:____/_____/____ Sex:_____

Parent/Guardian Information Mother Father

Full Name _____
Social Security number _____
Address _____
Home Phone _____
Cell Phone _____
Place of Employment _____
Work Phone _____

Emergency Contact Information

Name _____ Name_____
Relationship to Child _____ Relationship to Child_____
Home Phone _____ Home Phone_____
Cell Phone _____ Cell Phone _____
Work Phone _____ Work Phone_____

Persons Authorized to pick up child

Name_____ Home_____ Cell_____
Name_____ Home_____ Cell_____
Name_____ Home_____ Cell_____
Name_____ Home_____ Cell_____
Code word (must also show ID) _____

I hereby give Adventure World Academy to transport my child in the provider's vehicle for the following: □ To and from School □ On Field Trips □
Other_____

In case of an emergency or illness, I hereby authorize Adventure World Academy to obtain emergency medical care, ie, physician, dentist, paramedics, or other emergency agents and to obtain or provide emergency transportation for my child.

This form much be completed for each individual child enrolled, and must be reviewed annually by the parent/guardian, and any changes noted.

_____ _____
Parent/Guardian Signature Date