



**Ambrose Family Center  
Adventure Club Application**

Child's Full Name:	Birthdate:	M / F	Grade Child will be entering:
		School Child will be attending:	
Parent 1/ Guardian 1 Name:	Parent 1/Guardian 1 Address:		
Parent 1/ Guardian 1 Cell Phone:	Parent 1/ Guardian 1 Business Phone:	Parent 1/ Guardian 1 E-mail:	
Parent 2/ Guardian 2 Name:	Parent 2/Guardian 2 Address:		
Parent 2/ Guardian 2 Cell Phone:	Parent 2/ Guardian 2 Business Phone:	Parent 2/ Guardian 2 E-mail:	

**Emergency Contact:** (Please list 2 individual's other than a parent who is available after 3:00pm to pick your child up in case of an emergency or illness.)

Name:	Relationship to Student:	Telephone Number:
Name:	Relationship to Student:	Telephone Number:

**Check any or all that may apply:**

Does your child have a custodial agreement/parenting plan? \_\_\_\_\_ Yes \_\_\_ No

Does your child have an Individual Education plan (IEP)? \_\_\_\_\_ Yes \_\_\_ No

Does your child have a 504 Student Accommodation Plan? \_\_\_\_\_ Yes \_\_\_ No

Does your child have a Behavior Management Plan? \_\_\_\_\_ Yes \_\_\_ No

Are either parents/guardians employed by the WGSD? \_\_\_\_\_ Yes \_\_\_ No      If yes, what school and position?  
\_\_\_\_\_

**Permissions**

I authorize my child to go on field trips. \_\_\_\_\_ Yes \_\_\_ No

\*I authorize my child to be photographed. \_\_\_\_\_ Yes \_\_\_ No

\*Photos/videos will be used for bulletin boards, marketing or advertising, and/or marketing updates posted on social media pages, websites, and/or within the walls of the school premises. Should you decide to take back your authorization later on, you may do so by writing to us. For protection of the privacy of the child, we guarantee that names will not be included.

**Living Information**

Custody: \_\_\_\_\_

Lives with: \_\_\_\_\_

**Health Information**

Does your child have allergies? \_\_\_ Yes \_\_\_ No      EpiPen? \_\_\_ Yes \_\_\_ No      Inhaler? \_\_\_ Yes \_\_\_ No

Allergies: \_\_\_\_\_

Does your child have ongoing medical conditions? \_\_\_ Yes \_\_\_ No

Ongoing Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

