

**Ambrose Family Center
Adventure Club
222 West Cedar Avenue
Webster Groves, MO 63119
314-963-6440**

Professional Development - Full Day

Date: _____ School Attending: _____

Please check the dates you are enrolling your student(s) for.

- _____ Friday, August 30, 2019
- _____ Friday, November 1, 2019
- _____ Friday, November 15, 2019
- _____ Friday, February 14, 2020

1. Student's Name: _____
2. Student's Name: _____
3. Student's Name: _____

Parent's Signature: _____

Tuition Cost: *\$50.00 per Student per Date Chosen

Please return enrollment form along with a check or money order to the address listed below.

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Attn: AC Full Day

- Based on availability and is non-refundable or transferrable.

Student's Name: _____ Medications Taken: _____ Allergies: _____

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Parents' Contact Information

Parent/Guardian (1) Name: _____

Email Address (optional): _____

Telephone Number(s): _____

Parent/Guardian (2) Name: _____

Email Address (optional): _____

Telephone Number(s): _____

Persons Authorized to Pick-Up Student from Adventure Club Early/Full Release Day

Please list any adults (other than parents), whom are available after 3:00P.M., that can pick up your student from this Adventure Club Early/Full Release Day or in case of an emergency or illness.

Name: _____

Relationship to Student: _____

Telephone Number(s): _____

Emergency Contact? Y: ___ N: ___

Name: _____

Relationship to Student: _____

Telephone Number(s): _____

Emergency Contact? Y: ___ N: ___

Office Use Only:-----

Received by: _____

Date: _____

Check Number (if paid by check): _____

Paid in Cash? _____