



Fall/Winter 2020 Program Application Form

Please fill out one Application Form per family and email it to info@aventurassf.com

Child(ren)'s Information:

Name & Lastname: (*child 1*)

Date of Birth (dd/mm/yy):

Gender:

School:

Grade in 2020-2021 :

Primary Language Spoken:

Other Languages:

Exposure to/knowledge of the Spanish language:

Conversational -	Beginner	Intermediate	Advanced	Fluent
Reading -	Beginner	Intermediate	Advanced	
Writing -	Beginner	Intermediate	Advanced	

Doctor's Name:

Doctor's phone:

Medical Insurance:

Policy number:

Does your child have any medical issues? N Y Please list:

Does your child have any allergies? N Y Please list:

Please list any medications your child takes:

Is there any other pertinent information about your child that you would like to share with us?

Name & Lastname (*child 2*):

Date of Birth (dd/mm/yy): Gender:

School:

Grade in 2019-2020:

Primary Language Spoken:

Other Languages:

Exposure to/knowledge of the Spanish language:

Conversational -	Beginner	Intermediate	Advanced	Fluent
Reading -	Beginner	Intermediate	Advanced	
Writing -	Beginner	Intermediate	Advanced	

Doctor's Name:

Doctor's phone:

same as child #1

Medical Insurance:

Policy number:

same as child #1

Does your child have any medical issues? N Y Please list:

Does your child have any allergies? N Y Please list:

Please list any medications your child takes:

Is there any other pertinent information about your child that you would like to share with us?

Name & Lastname (*child 3*):

Date of Birth (dd/mm/yy): Gender:

School:

Grade in 2019-2020:

Primary Language Spoken:

Other Languages:

Exposure to/knowledge of the Spanish language:

Conversational -	Beginner	Intermediate	Advanced	Fluent
Reading -	Beginner	Intermediate	Advanced	
Writing -	Beginner	Intermediate	Advanced	

Doctor's Name: Doctor's phone: same as child #1

Medical Insurance: Policy number: same as child #1

Does your child have any medical issues? N Y Please list:

Does your child have any allergies? N Y Please list:

Please list any medications your child takes:

Is there any other pertinent information about your child that you would like to share with us?

I authorize Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child(ren) during the Program.

Parent/Guardian Signature

Date

Parent/Guardian 1 Information:

Name:

Relationship to child:

Phone:

cell

work

Email:

Home Address:

Preferred Language:

Parent/Guardian 2 Information:

Name:

Relationship to child:

Phone:

cell

work

Email:

Home Address: Same as parent/guardian 1

Preferred Language:

Emergency Information:

Please list two people that are NOT A PARENT, who we can call in case of an emergency.

Name: Relationship:

Phone:

Name: Relationship:

Phone:

I authorize my child(ren) to be released from the program only with the following adults:

Name & Lastname	Relationship	Phone	Child 1	Child 2	Child 3

I understand that youth will not be released to an adult not on this form and that any changes need to be made in person, over the phone, or in writing.

Parent Signature

Date

Parent Signature

Date