

Date Received: _____
Time: _____

**River Adventure Afterschool Program Application 2025-2026**

Enrollment Date: \_\_\_\_\_ Grade Entering 25-26: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Which parent is allowed to pick up: Both: \_\_\_\_\_ Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Names of individuals authorized to pick up child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**Office Use Only:**

Enrollment Fee (non-refundable) - \$35.00    Date Paid: \_\_\_\_\_    Check # \_\_\_\_\_    Initialed \_\_\_\_\_

1st week Fee - \$ \_\_\_\_\_    Date Paid: \_\_\_\_\_    Check# \_\_\_\_\_    Initialed \_\_\_\_\_