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|----------------------|
| Date Received: _____ |
| Time: _____ |

River Adventure Afterschool Program Application 2026-2027

Enrollment Date: _____ Grade Entering 26-27: _____

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 _____