



Fall 2017 Registration Form

✓ Please refer to all registration information in the brochure!

* REGISTRATION BEGINS ON **Monday, July 31, 2017!**

Name: _____ Address: _____

City: _____ Zip: _____ Date of birth _____ / _____ / _____

Parent/Guardian: (H) _____ (Cell) _____ (W) _____ Age _____

Wheelchair Accommodations: ___ Yes ___ No

Email Address: _____

Adult Programs:

<u>Programs</u>	<u>Aide Participation</u>	<u>Program Cost</u>
_____ “Branch Out” Adult Day Program	Yes ___ No ___ Aide Fee: TBD _____ Please note which days you will be attending: ___ Tuesdays ___ Wednesdays ___ Thursdays	___ 1 day/week= \$100.00 ___ 2 days/week= \$165.00 ___ 3 days/week= \$240.00
_____ Weekend Warriors	Yes ___ No ___ Aide Fee: N/A	\$ 25.00

Adult Community Outings:

<u>Programs</u>	<u>Aide Participation</u>	<u>Program Cost</u>
_____ Race for the Cure (girls only)	Yes ___ No ___ Aide Fee: N/A	\$ 20.00
_____ Murry’s Dinner Playhouse	Yes ___ No ___ Aide Fee: \$32.00	\$32.00
_____ “Thanksgiving Potluck” (Adult cooking class)	Yes ___ No ___ Aide Fee: \$5.00	\$ 5.00
_____ AR Symphony Orchestra	Yes ___ No ___ Aide Fee: \$20.00	\$ 20.00

Form of Payment- _____ Check
 _____ Cash
 _____ Waiver

TOTAL: _____

****If submitting program fees for payment by Waiver please provide the following information:**

Agency Name _____ Case Manager _____

Return with payment to:
 Little Rock Parks and Recreation
 Therapeutic Recreation Division
 7201 Dahlia Drive
 Little Rock, AR 72209