



Fall 2017 Registration Form

√ Please refer to all registration information in the brochure!
 * REGISTRATION BEGINS ON **Monday, September 11th, 2017**

Name: _____ Address: _____

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

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

Wheelchair Accommodations: ___ Yes ___ No

Email Address: _____

Youth Programs:

<u>Programs</u>	<u>Aide Participation</u>	<u>Program Cost</u>
_____ Kids Night Out	Yes ___ No ___ Aide Fee: N/A	\$ 25.00
_____ The 101	Yes ___ No ___ Aide Fee: N/A	\$ 20.00
_____ School's Out "Pie Day"	Yes ___ No ___ Aide Fee: N/A	\$ 10.00
_____ School's Out "Winter Wonderland"	Yes ___ No ___ Aide Fee: N/A	\$ 10.00
_____ AR Symphony Orchestra	Yes ___ No ___ Aide Fee: \$ 20.00	\$ 20.00

*Participants with aides, advanced payment will be required for outings/tickets.
Please include this in your total.

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