



## Fall 2019 Adult Registration Form

☒ **Please refer to all registration information in the brochure!**

\* REGISTRATION BEGINS TODAY!\*

Name: \_\_\_\_\_ Age \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Wheelchair Accommodations: \_\_\_\_ Yes \_\_\_\_ No

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

**Place a checkmark next to the programs you are registering for:**

<u>Programs</u>	<u>Program Cost</u>	<u>Aide Cost</u>
_____ “Branch Out” Adult Day Program	_____ 5 days/week = \$600.00 (Monday - Friday) _____ 3 days/week = \$375.00 (Monday, Wednesday, Friday) _____ 2 days/ week = \$260.00 (Tuesday, Thursday)	<b>Aide Fee:</b> <i>Dependent on activity. We will notify you ahead of time.</i>
_____ Weekend Warriors	<b>\$25.00</b>	<b>\$10.00</b>

### Adult Community Outings:

<u>Programs</u>	<u>Program Cost</u>	<u>Aide Cost</u>
_____ Komen More than Pink walk	<b>\$ 30</b>	<b>\$30</b>
_____ Murry’s Dinner Playhouse	<b>\$33</b>	<b>\$33</b>
_____ Thanksgiving Potluck & Adult Cooking Class	<b>\$5</b>	<b>\$0</b>

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