



Spring 2020 Adult Registration Form

Please refer to all registration information in the brochure!

* REGISTRATION NOW OPEN*

Name: _____ Age _____

Address: _____

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

Parent/Guardian: (H) _____ (C) _____ (W) _____

Wheelchair Accommodations: ___ Yes ___ No

Email Address: _____

Adult Programs:

<u>Programs</u>	<u>Program Cost</u>	<u>Aide Cost</u>	Total
_____ "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)	Aide Fee: <i>Dependent on activity. We will notify you ahead of time.</i>	
_____ Weekend Warriors	\$25.00	\$10.00	

Adult Community Outings:

<u>Programs</u>	<u>Program Cost</u>	<u>Aide Cost</u>	Total
_____ Munchin' & Movie	\$ 10	\$10	
_____ Hot Springs Day Trip	\$10	\$10	
_____ Arkansas Out School	\$20	\$20	
_____ Degray Lake Boat Tour	\$10	\$10	

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