

Name & Lastname (*child 2*):

Date of Birth (mm/dd/yy):

Gender:

School:

Grade in 2022-2023:

Primary Language Spoken:

Other Languages:

Exposure to/knowledge of the Spanish language:

Conversational -	Beginner	Intermediate	Advanced	Fluent
Reading -	Beginner	Intermediate	Advanced	
Writing -	Beginner	Intermediate	Advanced	

Doctor's Name:

Doctor's phone:

same as child #1

Medical Insurance:

Policy number:

same as child #1

Does your child have any medical issues?

N Y Please list:

Does your child have any allergies?

N Y Please list:

Please list any medications your child takes:

Is there any other pertinent information about your child that you would like to share with us?

Name & Lastname (*child 3*):

Date of Birth (mm/dd/yy):

Gender:

School:

Grade in 2022-2023:

Primary Language Spoken:

Other Languages:

Exposure to/knowledge of the Spanish language:

Conversational -	Beginner	Intermediate	Advanced	Fluent
Reading -	Beginner	Intermediate	Advanced	
Writing -	Beginner	Intermediate	Advanced	

Doctor's Name: _____ Doctor's phone: _____ same as child #1

Medical Insurance: _____ Policy number: _____ same as child #1

Does your child have any medical issues? N Y Please list:

Does your child have any allergies? N Y Please list:

Please list any medications your child takes:

Is there any other pertinent information about your child that you would like to share with us?

I authorize Afterschool Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child(ren) during the Afterschool Program.

Parent/Guardian Signature

Date

Parent/Guardian 1 Information:

Name:

Relationship to child:

Phone:

cell

work

Email:

Home Address:

Preferred Language:

Parent/Guardian 2 Information:

Name:

Relationship to child:

Phone:

cell

work

Email:

Home Address: Same as parent/guardian 1

Preferred Language:

Emergency Information:

Please list two people that are NOT A PARENT, who we can call in case of an emergency.

Name: Relationship:

Phone:

Name: Relationship:

Phone:

I authorize my child(ren) to be released from the program only with the following adults:

Name & Lastname	Relationship	Phone	Child 1	Child 2	Child 3

I understand that youth will not be released to an adult not on this form and that any changes need to be made in person, over the phone, or in writing.

Parent Signature

Date

Session Attendance:

Dates	Child #1	EC (Early Care)		Child #2	EC		Child #3	EC		Location Preference*
June 6 - 10		Yes	No		Yes	No		Yes	No	
June 13 - 17		Yes	No		Yes	No		Yes	No	
June 20 - 24		Yes	No		Yes	No		Yes	No	
June 27 - July 1		Yes	No		Yes	No		Yes	No	
July 5 - 8		Yes	No		Yes	No		Yes	No	
July 11 - 15		Yes	No		Yes	No		Yes	No	
July 18 - 22		Yes	No		Yes	No		Yes	No	
July 25 - 29		Yes	No		Yes	No		Yes	No	
August 1 - 5		Yes	No		Yes	No		Yes	No	
August 8 - 12		Yes	No		Yes	No		Yes	No	

**Location availability depends on enrollment capacity, daily group size, ages and genders. We can't guarantee you'll get a spot at your preferred location but we'll definitely do our best to accommodate your needs.*

Pricing:

\$525 per 1-week session, \$1,000 when you book two (2) 1-week sessions

Early care cost is \$60/week (8:30 - 9:30 am)

This price includes all materials used during the program and a daily healthy snack.

Once we review your application you'll receive a confirmation email and next steps.

Thanks for choosing our program for your child(ren). I'm happy and honored to be part of their lives and development. We'll have a blast!



Carolina Ramirez
Director, Aventuras