

Riverdales Learning LLC

41354 Robert Avenue, Fremont, CA 94538. (Mission Peak Baptist Church)

510-585-1263 • info@riverdales.net • www.riverdales.net

2015-16 Registration Form

(One form per child, \$50 non-refundable registration fee due with this form)

Student Name _____ Birthday ____/____/____ Sex M _____ F _____

Day Time School _____ City _____ Grade (Fall 2015) _____

Riverdales Program Number of Days / week : 5 _____ 4 _____ 3 _____ Days of the Week M T W Th F

Start Time: Noon _____ 3:00PM _____ Other _____

Any Minimum Days? Yes / No If Yes specify day: M T W Th F Minimum Day Dismissal Time: _____

Mother's Name _____ Mother's Cell Phone _____

Mother's Employer _____ Mother's Work Phone _____

Mothers Home Address _____

Mother's Home Phone _____ Mother's Email Address _____

Father's Name _____ Father's Cell Phone _____

Father's Employer _____ Father's Work Phone _____

Father's Home Address _____

Father's Home Phone _____ Father's Email Address _____

List individuals authorized to pick up your child (other than child's parents). Anyone who is not listed will not be permitted to pick up your child. Identification may be requested from listed individuals.

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

Emergency Contacts

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____

Doctor's Name _____ Institution _____ Doctor's Phone _____

Insurance Provider _____ Policy Number _____ Subscriber's Name _____

List all medical limitations and special conditions such as allergies to food, medicine, etc.

Parent/Guardian Signature _____ Print Name _____ Date _____