

# Riverdales Learning LLC

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

510-585-1263 • riverdalesafterschool@gmail.com • www.riverdales.net

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## 2015 Summer Camp Registration Form

Student Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M \_\_\_\_\_ F \_\_\_\_\_

Day Time School \_\_\_\_\_ City \_\_\_\_\_ Grade (Fall 2015) \_\_\_\_\_

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 \_\_\_\_\_

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Week Schedule

Weeks	Full Day	9-12:30 AM	1-5:30 PM	AM-Care 7-9AM	AM-Care 8-9AAM	PM-Care 5:30-6:30	Weeks	Full Day	9-12:30 PM	1-5:30 PM	AM-Care 7-9AM	AM-Care 8-9AAM	PM-Care 5:30-6:30
6/15-6/19							7/20-7/24						
6/22-6/26							7/27-7/31						
6/29-7/03							8/03-8/07						
7/06-7/10							8/10-8/14						
7/13-7/17							8/17-8/21						
<b>Total</b>													

\_\_\_\_\_ Agent / Parent Initial

## T-Shirt Size

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Select T-Shirt size of the student (inches)

	Chest	Body Length at Back	Sleeve Length from Center Back	Select (v)
XS	16	20 1/2	13 1/2	
S	17	22	14 1/2	
M	18	23 1/2	15 1/2	
L	19	25	16 1/2	
XL	20	26 1/2	17 1/2	

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_