



After School Program Application Form - Academic Year 2021-2022

Please fill out one Application Form per family and email it to info@aventurassf.com

Child(ren)'s Information:

Name & Lastname: (*child 1*)

Date of Birth (mm/dd/yyyy):

Gender:

School:

Grade in 2021-2022:

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:

Medical Insurance:

Policy number:

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 2*):

Date of Birth (mm/dd/yyyy):

Gender:

School:

Grade in 2021-2022:

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/yyyy):

Gender:

School:

Grade in 2021-2022:

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 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

Program Participation:

Weekly Attendance	Days Attending					Location Preference*
Child #1	M	T	W	Th	F	
Child #2	M	T	W	Th	F	
Child #3	M	T	W	Th	F	

Pricing:

2 days a week - \$430/month

3 days a week - \$580/month

4 days a week - \$770/month

5 days a week - \$950/month

This price includes:

- On-foot transfer from the child(ren)'s school to Aventuras, for schools located no more than 1 mile away from our location. **
- All materials used during the program
- A daily healthy snack

Siblings get an automatic 5% discount in monthly tuition.

**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.*

***For those families whose school is more than 1 mile away from Aventuras (either location) we'll contact you directly to discuss transportation options available and pricing.*

I'd like to pre-pay for 10 months (full academic year) and receive a 10% discount.

I'd like to pre-pay for 5 months (half academic year) and receive a 5% discount.

Parent Signature

Date

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