



Vacation Program Registration Form
Vacation Program: April 17th – April 20th

Child's Name: _____

Address: _____

Phone: (____) _____ - _____ Email Address: _____

Child's Age: _____ Birth date: _____

Child's Primary/Secondary Disability: _____

Parent/Guardian: _____

Billing Information: (If other than parents)

Name of contact person: _____

Agency/school: _____

Billing Address: _____

Phone :(____) _____ - _____ Email: _____

Cost: please select one

- \$86/day with a 1:3
OR
- \$96/day with a 1:1

(If this is a hardship, please let us know.)

Registration Deadline:

Wednesday, March 28th

I understand that if payment for this service is denied by the above named funding source, I accept full financial responsibility for services rendered.

Signature

Date

Please check here if you have **not** completed an intake for our programs _____
(Please know that intakes must be completed before the registration deadline)

Please indicate the **days** you would like for your child to attend the February Vacation program in order of highest to lowest preference, **using 1 through 4.**

4/17____ 4/18____ 4/19____ 4/20____

We will do our best to accommodate your child. However, depending on the number of participants, we cannot guarantee that we can offer you all of your requested days or staffing requests.

Please return this registration to Janelle Portmann at jportmann@charlesrivercenter.org, or by mail to 59 E. Militia Heights Dr. Needham, MA 02492 or fax to (781) 444-5146 by **March 28th** to be considered for this vacation program.