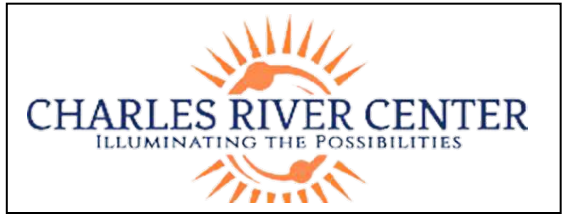


February Vacation Program Registration Form

Vacation Program: February 22nd - 25th 2022



Child's Name: _____

Address: _____

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

Child's Age: _____ Birthdate: _____

Child's Primary/Secondary Disability: _____

Parent/Guardian: _____

Billing Information if other than parents will be paying for this service:

Name: _____

Contact Person (if Agency/School): _____

Billing Address: _____

Phone: (____) _____ - _____

Cost:
\$95 per day
\$105 1:1

Note: Please complete and return registration form by **February 14, 2022.**

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 indicate the **days** you would like for your child to attend the February 2022 Vacation program.
The hours are **9am-3pm.**

Tuesday February 22nd _____

Wednesday February 23rd _____

Thursday February 24th _____

Friday February 25th _____

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 your requested days or staffing requests.

Please contact Jacqueline Milian at FamilySupport@CharlesRiverCenter.org with any questions.