



**Vacation Program Registration Form**  
Vacation Program: August 5<sup>th</sup> – August 30<sup>th</sup>

**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 **day(s)** in order of preference (1 being most preferred, and 5 being the least) that you would like your child to attend for each week:

8/5 \_\_\_ 8/6 \_\_\_ 8/7 \_\_\_ 8/8 \_\_\_ 8/9 \_\_\_  
8/12 \_\_\_ 8/13 \_\_\_ 8/14 \_\_\_ 8/15 \_\_\_ 8/16 \_\_\_  
8/19 \_\_\_ 8/20 \_\_\_ 8/21 \_\_\_ 8/22 \_\_\_ 8/23 \_\_\_  
8/26 \_\_\_ 8/27 \_\_\_ 8/28 \_\_\_ 8/29 \_\_\_ 8/30 \_\_\_

*\*\*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\*\**

**Return this page to Sarah Ouellette** at [souellette@charlesrivercenter.org](mailto:souellette@charlesrivercenter.org), by Mail to 59 E. Militia Heights Dr. Needham, MA 02492 OR Fax to (781) 444-5146 **BY JULY 17<sup>th</sup>** to be considered for this vacation program.

*Please look for confirmation email from Sarah Ouellette stating your accepted days, after the registration deadline. Then mark all confirmed days into your calendar! 😊*

Please fill out **ALL** of the below information:

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Primary/Secondary Disability: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Billing Information, if other than parents:

Name: \_\_\_\_\_

Contact Person (if agency/school): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Select a Ratio:**

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

(If there is a hardship with these rates, please let us know.)

**Registration Deadline:**  
**JULY 17<sup>th</sup>**

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** *\*required for registration form to be valid*

\_\_\_\_\_  
**Date**