



Vacation Program Registration Form

December 23rd – December 27th

Please indicate the **day(s)** in order of preference (1 being most preferred, and 4 being the least) that you would like your child to attend including any additional offsite fieldtrips:

Monday, 12/23 ___

Tuesday, 12/24 ___

Thursday, 12/26 ___ with optional Offsite ___

Friday, 12/27 ___

We will do our best to accommodate your requests. However, we cannot guarantee that we can offer you all of your requested days, staffing requests, or offsite activities.

Return this page by email to familysupport@charlesrivercenter.org, or by mail to 59 E. Militia Heights Dr. Needham, MA 02492 or fax to (781) 444-5146 **BY NOVEMBER 27th to be considered for this vacation program.**

Please look for a 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: _____

Address: _____

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

Child's Age: _____ Birth date: _____

Child's Primary/Secondary Disability: _____

Parent/Guardian: _____

REQUIRED BILLING INFORMATION:

Name: _____

Contact Person (if agency/school): _____

Billing Address: _____

Phone : (____) _____ - _____

Select a Ratio:

\$86/day with a 1:3

OR

\$98/day with a 1:1

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

Registration Deadline:
NOVEMBER 27TH

If the above funding source is other than parent/guardian, I understand and accept full financial responsibility for services rendered if payment for this service is denied.

Signature *required for registration form to be valid

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)

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