



CHARLES RIVER CENTER  
ILLUMINATING THE POSSIBILITIES

# April Vacation Program

April 21st- 24th

**Ages: 7-22**

**Time: 9:00am- 3:00pm**

**Cost: \$86/day with 1:3 or  
\$98/day with 1:1**

**Staffing Ratio 1:3 with limited  
availability for 1:1**

Sign up for 4 fun days full of: Yoga, crafts, science experiments, art, games, music and more!

**Please complete the attached registration and return to:  
e-mail: [familysupport@charlesrivercenter.org](mailto:familysupport@charlesrivercenter.org)**

**Fax: 781-444-5146**

**Mail in: 59 E. Militia Heights Drive, Needham MA 02492**



**Due no later than Friday, April 3rd**

**\*PLEASE BE REMINDED THAT SPACE IS LIMITED AND  
NOT GUARANTEED. \***

Confirmation emails will be sent out after the registration deadline to inform you of your confirmed day(s).



## Vacation Program Registration Form

April 21<sup>st</sup> - 24<sup>th</sup>

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:

Tuesday, 4/21 \_\_\_

Wednesday, 4/22 \_\_\_

Thursday, 4/23 \_\_\_

Friday, 4/24 \_\_\_

\*\*We will do our best to accommodate your request. However, we cannot guarantee that we can offer you all of your requested days. \*\*

Return this page by email to [familysupport@charlesrivercenter.org](mailto:familysupport@charlesrivercenter.org), or by mail to 59 E. Militia Heights Dr. Needham, MA 02492 or fax to (781) 444-5146 **BY APRIL 3rd** to be considered for this vacation program.

Please look for a confirmation email from our program staff 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:**  
**APRIL 3<sup>rd</sup>**

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)

Return this page by email to [familysupport@charlesrivercenter.org](mailto:familysupport@charlesrivercenter.org), or by mail to 59 E. Militia Heights Dr. Needham, MA 02492 or by fax to 781-444-5146 by APRIL 3<sup>rd</sup> to be considered for this vacation program.