APRIL VACATION PROGRAM

59 East Militia Heights Drive, Needham, MA 02492

April 16th - 19th, 2019
Time: 9:00 am - 3:00 pm
Ages: 7 - 22 years old
Cost: $86/day with 1:3 ratio - $98/day with limited availability 1:1 ratio

JOIN US FOR A FUN FILLED WEEK!

ROMAN MUSIC THERAPY (THURSDAY)
GAMES, SCIENCE EXPERIMENTS
SCAVENGER HUNTS, CRAFTS
AND MUCH MORE!

To Register: please return the attach registration form to Janelle Portmann, NO LATER THAN MARCH 25th, 2019.

Email: jportmann@charlesrivercenter.org
Mail in To: 59 E. Militia Heights Drive, Needham, MA 02492
Fax: 781-444-5146
Vacation Program Registration Form
April 16 – April 19

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:
   Tuesday 4/16 ___  Wednesday 4/17 ___  Thursday 4/18 ___  Friday 4/19 ___

**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 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 25 to be considered for this vacation program.

Please look for confirmation email from Janelle Portmann 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 : (_____) ______-_________

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)

Cost: $86/day with a 1:3 ratio
Please let us know if your child requires 1:1 staffing ($98/day) ☐, and we will do our best to meet this request!
(If there is a hardship with these rates, please let us know.)

Registration Deadline:  March 25