June Vacation Program

HELP US CELEBRATE THE SUNSHINE

SPACE IS LIMITED AND NOT GUARANTEED

June 20th - June 21st
June 24th - June 28th

Ages: 7 - 21 years old  Time: 9:00 am - 3:00 pm
Cost: $86/day OR $98 with a 1:1
Staffing Ratio: 1:3 with Limited 1:1 Available

To register please complete the attached registration form and submit to Sarah Ouellette

Email: souellette@charlesrivercenter.org
Fax: 781-444-5146
Mail: 59 E Militia Heights Dr. Needham Ma 02492
No later than Friday May 31st, 2019
Vacation Program Registration Form

June 20\textsuperscript{th} – 21\textsuperscript{st}

June 24\textsuperscript{th} – June 28\textsuperscript{th}

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:

- Thursday 6/20 ___  
- Friday 6/21 ___
- Monday 6/24 ___  
- Tuesday 6/25 ___  
- Wednesday 6/26 ___
- Thursday 6/27 ___  
- Friday 6/28 ___

**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 off-site activities.**

Return this page to Sarah Ouellette at souellette@charlesrivercenter.org, or by mail to 59 E. Militia Heights Dr., Needham, MA 02492 or fax to 781-444-5146 by May 31\textsuperscript{st}, 2019 to be considered for this vacation program.

After the registration deadline, look for a confirmation email from Sarah Ouellette stating your accepted days. 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)

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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: Friday, May 31\textsuperscript{st}