

FAMILY SUPPORT KIDS & TEEN PROGRAM REGISTRATION FORM



1. CHECK ALL DATES THAT YOU WOULD LIKE TO ATTEND **(in order of preference)**
2. RETURN THIS REGISTRATION FORM TO **FamilySupport@charlesrivercenter.org**
3. LOOK FOR AN EMAIL WITH YOUR CONFIRMED DATES (Reminder: registration goes not guarantee placement on those dates)
4. MARK ALL CONFIRMED PROGRAMS INTO YOUR CALENDAR!

Please note: Registering for our programs does not guarantee placement. Due to the continued increase in popularity of our programs and maintaining staffing ratio, your child may not receive all days requested. Once all registrations have been submitted by the deadline, we do our best to distribute dates evenly amongst registrants. We apologize for any inconvenience this may cause in your planning. Thank you for understanding.

Individuals Name: _____

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

Parent(s)/Guardian s): _____

Email Address: _____ **Child's Age:** _____

D.O.B. _____ **Primary/Secondary Disability:** _____



Please number each program in order of preference 1 being the highest!

All programs require an intake interview. If you are newly interested in Family Support programs, please contact a program coordinator to schedule one.

Jacqueline Milian (Program Director)

Jmilian@charlesrivercenter.org

781-400-4130

Please check here ___ if you have *not* completed a program intake

Kid's Break

Ages: 08-18

September 10th AM__ PM__

October 1st AM__ PM__

October 22nd AM__ PM__

November 5th AM__ PM__

November 19th AM__ PM__

Teen Night

Ages 13-19

September 30th _____

October 28th _____

November 18th _____