

Check here if you have
NOT completed an
intake form



Fall Teen Night - 2023 Registration Form

Individual's Name: _____

Address: _____

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

Family Support Center: _____

Individual's Age: _____ Birthdate: _____

Individual's Primary/Secondary Disability: _____

Parent/Guardian: _____

Parent/Guardian Contact Info (if different from Individual's): _____

Please contact for detailed pricing

Please indicate the **day(s)** your Participant is interested in attending Teen Nights,
which will be held monthly on Fridays from 6 p.m. - 8 p.m. at
59 East Militia Heights Drive, Needham, MA 02492.

October 27* _____

*time change to 5:45-8:45pm

November 17 _____

December 15 _____

We will do our best to accommodate your loved one. However, depending on the number of participants, we cannot guarantee that we can offer you all your requested days or staffing requests.

Please contact FamilySupport@charlesrivercenter.org with any questions.

Please Return This Form To:

Family Support • Charles River Center • 59 East Militia Heights Drive • Needham, MA 02492