

ABACUS
2018 April Vacation Registration
Attleboro Before & After Childcare Unified Services

CHILD'S NAME LAST FIRST MIDDLE				IS YOUR CHILD CURRENTLY ENROLLED IN THE ABACUS PROGRAM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
HOME ADDRESS				CITY		STATE	ZIP CODE
DATE OF BIRTH	GRADE	SCHOOL	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	FOR OFFICE USE ONLY		
				DATE		CHECK #	AMT. PAID
PARENT GUARDIAN/MOTHER			HOME TELEPHONE #		WORK TELEPHONE #		CELL TELEPHONE #
HOME ADDRESS				CITY		STATE	ZIP CODE
EMAIL ADDRESS				SOCIAL SECURITY NUMBER (new parent/guardians only)			
WORK NAME & ADDRESS (OR WHERE YOU CAN BE REACHED WHILE CHILD IS IN CARE)				CITY		STATE	ZIP CODE
PARENT GUARDIAN/FATHER			HOME TELEPHONE #		WORK TELEPHONE #		CELL TELEPHONE #
HOME ADDRESS				CITY		STATE	ZIP CODE
EMAIL ADDRESS				SOCIAL SECURITY NUMBER (new parent/guardians only)			
WORK NAME & ADDRESS (OR WHERE YOU CAN BE REACHED WHILE CHILD IS IN CARE)				CITY		STATE	ZIP CODE
<p>APRIL VACATION FEE \$150.00 (NON-REFUNDABLE) SEPARATE CHECK TO BE PAID IN FULL AT TIME OF REGISTRATION – NO DAILY RATES/NO SECOND CHILD DISCOUNTS/NO EXCEPTIONS.</p> <p>PLEASE CHECK DAYS NEEDED TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/></p>							
EMERGENCY CONTACTS							
We make every effort to notify parents first unless otherwise specified. Please make sure that you list people who are likely to be reached during the hours that your child will be here and will be able to pick them up if necessary.							
NAME		ADDRESS			TELEPHONE NUMBER		
RELATIONSHIP:					WORK:		
					HOME:		
RELATIONSHIP:					CELL:		
					WORK:		
					HOME:		
					CELL:		
MEDICAL INFORMATION							
CHILD'S PHYSICIAN			PHYSICIAN'S ADDRESS			PHYSICIAN'S TELEPHONE NUMBER	
ALLERGIES (DESCRIBE ANY KNOWN ALLERGIES AND TREATMENTS, INCLUDING FOOD ALLERGIES)							
MEDICATIONS TAKEN:							
OPTIONAL: DOES YOUR CHILD HAVE AN I.E.P.? <input type="checkbox"/> YES <input type="checkbox"/> NO I Give ABACUS permission to be informed of I.E.P.:							

Parent Signature _____

ABACUS
2018 April Vacation Registration
Attleboro Before & After Childcare Unified Services

Site Location: **ABACUS Building**
135 County Street
Attleboro, MA 02703
(please note this IS NOT our mailing address)

Dates: Tuesday, April 17 - Friday, April 20, 2018
(We will be closed Monday, April 16th in observance of Patriots Day)

Hours: 6:30AM - 6:00PM

Activities Include: Arts and Crafts, Music, Cooking, Gym & Games, Free Play, and Science

Fieldtrip: TBA

Price: \$150 (SEPARATE CHECK) to be paid in full at time of registration. No daily or hourly rates.

Breakfast is provided if your child arrives before 8:30AM. A morning and afternoon snack are provided. A bagged lunch is needed since we do not provide lunch.
Please no microwave items.

If you would like to register your child/children for the vacation program, please fill out this registration form and return, **with** the April vacation fee (check or money order only; we cannot accept cash) **by March 23rd, 2018*** to:

ABACUS
c/o Attleboro Public Schools
100 Rathbun Willard Drive
Attleboro, MA 02703

(no applications will be accepted after 3/23/18. All accounts *MUST* be kept up-to-date in order to register for the vacation program!)

If you have any questions, please call 508-222-0309.

* Space is limited and registration is on a first come, first serve basis.

ABACUS RESERVES THE RIGHT TO CANCEL THE APRIL VACATION PROGRAM BASED ON LOW ENROLLMENT!!!