

ABACUS
2018 February 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		
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		
WORK NAME & ADDRESS (OR WHERE YOU CAN BE REACHED WHILE CHILD IS IN CARE)			CITY		STATE ZIP CODE
FEBRUARY VACATION FEE \$150.00 (NON-REFUNDABLE) SEPARATE TO BE PAID IN FULL AT TIME OF REGISTRATION – NO DAILY RATES/NO SECOND CHILD DISCOUNTS/NO EXCEPTIONS					
PLEASE CHECK DAYS NEEDED TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/>					
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: CELL:	
RELATIONSHIP:				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. by signing below:					

Parent Signature _____

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- Site Location: **ABACUS Building**
135 County Street
Attleboro, MA 02703
(please note this IS NOT our mailing address)
- Dates: Tuesday, February 20 - Friday, February 23, 2018
(We will be closed Monday, February 19th in observance of Presidents' 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 February vacation fee (check or money order only; we cannot accept cash) **by Friday, January 26, 2018*** to:

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

(no applications will be accepted after 1/26/18. 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 FEBRUARY VACATION PROGRAM BASED ON LOW ENROLLMENT!!!