

**ABACUS**  
**2020 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"/>	<b>FOR OFFICE USE ONLY</b>
					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
<b>APRIL VACATION FEE \$165.00 (NON-REFUNDABLE) SEPARATE CHECK TO BE PAID IN FULL AT TIME OF REGISTRATION – NO DAILY RATES/NO SECOND CHILD DISCOUNTS/NO EXCEPTIONS</b>					
<b>PLEASE CHECK DAYS NEEDED</b> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/>					
<b>EMERGENCY CONTACTS</b>					
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.					
<b>NAME</b>		<b>ADDRESS</b>		<b>TELEPHONE NUMBER</b>	
RELATIONSHIP:				WORK: HOME: CELL:	
RELATIONSHIP:				WORK: HOME: CELL:	
<b>MEDICAL INFORMATION</b>					
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 \_\_\_\_\_

**ABACUS**  
**2020 April Vacation Registration**  
*Attleboro Before & After Childcare Unified Services*

- Site Location: **ABACUS @ Finberg School**  
**1125 South Main Street**  
**Attleboro, MA 02703**  
**(please note this IS NOT our mailing address)**
- Dates: Tuesday, April 21 - Friday, April 24, 2020  
(We will be closed Monday, April 20th 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: **\$165.00 (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. ABACUS does not provide lunch.  
***Please no microwave items.***

If you would like to register your child/children for the vacation program, please fill out a registration form and return to ABACUS with the April vacation fee (**check or money order only, we cannot accept cash or any form of electronic payment**) by **Friday, March 20, 2020\***.

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

**(no applications will be accepted after 3/20/20. All accounts *MUST* be current 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 AS WELL AS INCLEMENT WEATHER!!!***