

ABACUS
2020 Summer Vacation Registration
Attleboro Before & After Childcare Unified Services

CHILD'S NAME LAST FIRST MIDDLE IN				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 IN FALL OF 20/21	SCHOOL	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	FOR OFFICE USE ONLY				
PARENT/GUARDIAN RESPONSIBLE FOR PAYMENT				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		HOME TELEPHONE #		WORK TELEPHONE #		CELL TELEPHONE #			
HOME ADDRESS				CITY		STATE ZIP CODE			
WORK NAME & ADDRESS (OR WHERE YOU CAN BE REACHED WHILE CHILD IS IN CARE)				CITY		STATE ZIP CODE			
<p>Summer Schedule - Please check weeks & days needed</p> <p>2 week minimum enrollment - 3 day minimum per child/per week no exceptions</p>									
<p>*** IMPORTANT CHANGES TO TUITION PAYMENTS ***</p> <p>A non-refundable \$25.00 registration fee per week per child is due at time of registration (7 weeks = \$175 reg fee) Registration fee must be check or money order ONLY (no online payments) Tuition for weeks 6 & 7 are due by Friday, July 31, 2020. If your tuition is not received you will not be able to attend. You are responsible for all week's tuitions for which you are enrolled unless you withdraw on or before June 2, 2020.</p>									
MONDAY <input type="checkbox"/>		TUESDAY <input type="checkbox"/>		WEDNESDAY <input type="checkbox"/>		THURSDAY <input type="checkbox"/>		FRIDAY <input type="checkbox"/>	
Please check off all days and weeks needed to register			Week 3: July 13 - July 17 <input type="checkbox"/> (Tuition due Friday, July 10)			Please adhere to the tuition deadlines each week to avoid termination			
Week 1: Jun. 29 – July 2 (M-TH) <input type="checkbox"/> (Tuition due Friday, June 26)			Week 4: July 20 - July 24 <input type="checkbox"/> (Tuition due Friday, July 17)			Week 6: Aug. 03 – Aug. 07 <input type="checkbox"/> (Tuition due Friday, July 31)			
Week 2: July 06 - July 10 <input type="checkbox"/> (Tuition due Friday, July 3)			Week 5: July 27 – July 31 <input type="checkbox"/> (Tuition due Friday, July 24)			Week 7: Aug. 10 – Aug. 14 <input type="checkbox"/> (Tuition due Friday, July 31)			
EMERGENCY CONTACTS									
NAME			ADDRESS			PHONE			
MEDICAL INFORMATION									
CHILD'S PHYSICIAN			PHYSICIAN'S ADDRESS			PHYSICIAN'S TELEPHONE NUMBER			
ALLERGIES AND MEDS									
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.:				
I UNDERSTAND THAT PAYMENT IS EXPECTED FOR ALL WEEKS THAT I HAVE ENROLLED MY CHILD FOR WHETHER OR NOT THEY ATTEND.			SIGNATURE			DATE			