ABACUS
2019 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 ❑ NO ❑
HOME ADDRESS		CITY	STATE ZIP CODE

DATE OF BIRTH	GRADE IN FALL OF 19/20	SCHOOL	MALE ❑	FEMALE ❑	**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

Summer Schedule - Please check weeks and days needed

2 week minimum enrollment -3 day minimum per child/per week no exceptions

Monday ☐	**Tuesday** ☐	**Wednesday** ☐	**Thursday** ☐	**Friday** ☐

Week 1: June 24 - June 28 ☐	**Week 4: July 15 - July 19** ☐	**Week 7: Aug. 05 – Aug. 09** ☐
Week 2: July 01 - July 03 M,T,W ☐	**Week 5: July 22 - July 26** ☐	**Week 8: Aug. 12 - Aug. 16** ☐
Week 3: July 08 - July 12 ☐	**Week 6: July 29 – Aug. 02** ☐	

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	
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.? ❑ YES ❑ NO | I GIVE ABACUS PERMISSION TO BE INFORMED OF I.E.P.:

I UNDERSTAND THAT A TWO WEEKS' NOTICE IS REQUIRED FOR ANY CHANGES OR WITHDRAWALS.	**SIGNATURE**	**DATE**