

ABACUS
2021 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		
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
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					
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 @ Finberg School**
1125 South Main Street
Attleboro, MA 02703
(please note this IS NOT our mailing address)

Dates: Tuesday, April 20 - Friday, April 23, 2021
(We will be closed Monday, April 19th in observance of Patriots Day)

Hours: 6:30AM - 6:00PM

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

Price: **\$165.00 (SEPARATE CHECK) to be paid in full at time of registration. No daily or hourly rates.**

Please be sure to pack your child's breakfast, snacks, drinks and a bagged lunch. No food will be provided for this vacation program due to covid.

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, money order or electronic my school bucks payment, we cannot accept cash**) by **Friday, April 2, 2021***.

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

(no applications will be accepted after 04/02/21. 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!!!