ABACUS
2021 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 21/22	SCHOOL	MALE ❑	FEMALE ❑	**FOR OFFICE USE ONLY** **DATE** **CHECK #** **AMT. PAID**

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

Summer Schedule - Please check weeks & days needed

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

*** IMPORTANT CHANGES TO TUITION PAYMENTS ***

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)**
You are responsible for all week's tuitions for which you are enrolled unless you withdraw on or before **June 3, 2021.**

MONDAY ☐	**TUESDAY** ☐	**WEDNESDAY** ☐	**THURSDAY** ☐	**FRIDAY** ☐

Please check off all days and weeks needed to register	**Week 3: July 12 - July 16** ☐ (Tuition due Friday, July 9)	Please adhere to the tuition deadlines each week to avoid termination
Week 1: Jun. 28 – July 02 ☐ (Tuition due Friday, June 25)	**Week 4: July 19 - July 23** ☐ (Tuition due Friday, July 16)	**Week 6: Aug. 02 – Aug. 06** ☐ (Tuition due Friday, July 30)
Week 2: July 06 - July 09 ☐ (Tuition due Friday, July 2) closed July 5th	**Week 5: July 26 – July 30** ☐ (Tuition due Friday, July 23)	**Week 7: Aug. 09 – Aug. 13** ☐ (Tuition due Friday, August 6)

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.? ❑ YES ❑ 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