

# Spring Fling Vacation Program Registration

Student's Full Name: \_\_\_\_\_

## Parent/Guardian Contact Information:

(1) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

(2) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Telephone Numbers:

Home: \_\_\_\_\_

Office: \_\_\_\_\_

Cell: \_\_\_\_\_

Home: \_\_\_\_\_

Office: \_\_\_\_\_

Cell: \_\_\_\_\_

**Program Dates:** Please select which dates you would like your child to attend. Also, if you would like to order lunch and snack, please indicate that for each day. **(Parents are responsible for paying for lunch and snack. \$6 per day)** Program hours are 9:00 a.m. – 3:00 p.m.

### Tuesday, 4/17/18

Attend \_\_\_/Lunch \_\_\_

### Wednesday, 4/18/18

Attend \_\_\_/Lunch \_\_\_

### Thursday, 4/19/18

Attend \_\_\_/Lunch \_\_\_

### Friday, 4/20/18

Attend \_\_\_/Lunch \_\_\_

### Monday, 4/23/18

Attend \_\_\_/Lunch \_\_\_

### Tuesday, 4/24/18

Attend \_\_\_/Lunch \_\_\_

### Wednesday, 4/25/18

Attend \_\_\_/Lunch \_\_\_

### Thursday, 4/26/18

Attend \_\_\_/Lunch \_\_\_

### Friday, 4/27/18

Attend \_\_\_/Lunch \_\_\_

Total \_\_\_\_\_ Days, and \_\_\_\_\_ lunch(es)

(over)



**Transportation information:**

Please provide the name and contact information of who will be transporting your child. Drop-off time is between 8:45 a.m. and 9:00 a.m. Pick-up time is 3:00 p.m.

Name/Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Payment is due at the time of registration.**

**Total Numbers:**

\_\_\_\_\_ Total days at \$130 per day

\_\_\_\_\_ **Total lunches and snacks at \$6 per day (payable at time of registration)**

\$\_\_\_\_\_ Total enclosed (full payment)

**Method of Payment:** \_\_\_\_\_ Personal Check (Make checks payable to: **Boston Higashi School**)  
\_\_\_\_\_ Credit Card (Visa, MasterCard or American Express)  
\_\_\_\_\_ Agency/School System

**Credit card information:**

Name as printed on card: \_\_\_\_\_

Card Type: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

**Payment by Agency/School System:**

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Complete Agency Address: \_\_\_\_\_

All payments are due at the time of registration. All registrations must be received no later than **Friday, March 30, 2018**. Please mail completed **registration form and payment** to: Boston Higashi School, Attn: Maryellen Paradise, 800 North Main St. Randolph, MA 02368.