

Summer Sizzler Vacation Program Registration

Student's Full Name: _____

Parent/Guardian Contact Information:

(1) Name: _____

(2) Name: _____

Address: _____

Address: _____

Telephone Numbers:

Home: _____

Home: _____

Office: _____

Office: _____

Cell: _____

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.

8/21/17

Attend ___/Lunch ___

8/22/17

Attend ___/Lunch ___

8/23/17

Attend ___/Lunch ___

8/24/17

Attend ___/Lunch ___

8/25/17

Attend ___/Lunch ___

8/28/17

Attend ___/Lunch ___

8/29/17

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

\$ _____ 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 applications must be received no later than **Friday, August, 4, 2017**. The school must have an up-to-date immunization record for every participant. No application will be processed without this. *Please mail completed application **and** payment to: Boston Higashi School, Attn: Maryellen Paradise, 800 North Main St. Randolph, MA 02368.*