

Winter Holiday 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.

12/26/17

Attend ___/Lunch ___

12/27/17

Attend ___/Lunch ___

12/28/17


Attend ___/Lunch ___

12/29/17

Attend ___/Lunch ___

Total _____ Days, and _____ lunch(es)

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 **December 8, 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.*