

# Summer Sizzler Vacation Program Registration

(Due Date: August 2, 2019)

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.

**Monday, August 19, 2019**

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

**Tuesday, August 20, 2019**

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

**Wednesday, August 21, 2019**

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

**Thursday, August 22, 2019**

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

**Friday, August 23, 2019**

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

**Monday, August 26, 2019**

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

**Tuesday, August 27, 2019**

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

**Wednesday, August 28, 2019**

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

**Thursday, August 29, 2019**

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

**Friday, August 20, 2019**

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 **Friday, August, 2, 2019**. 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.*