

Stars & Stripes Vacation Program Registration

(Form and Payment Due by Friday, June 11, 2021)

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, 6/29/21

Attend ___/Lunch ___

Wednesday, 6/30/21

Attend ___/Lunch ___

Thursday, 7/1/21

Attend ___/Lunch ___

Friday, 7/2/21

Attend ___/Lunch ___

Tuesday, 7/6/21

Attend ___/Lunch ___

Wednesday, 7/7/21

Attend ___/Lunch ___

Thursday, 7/8/21

Attend ___/Lunch ___

Friday, 7/9/21

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 \$133.54 per day (6/29 & 30)

_____ Total days at \$136.56 per day (7/1 – 7/9)

_____ Total lunches and snacks at \$6 per day (***payment due with registration***)

\$ _____ Total enclosed (full payment)

Method of Payment: _____ Personal Check : Make checks payable to: **Boston Higashi School**
_____ Credit Card (Visa, MasterCard or American Express, NO Discover)
_____ 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: _____

Please rest assured that we will continue to follow the required DESE and CDC/MA regulatory guidelines regarding Covid-19. All payments are due at the time of registration. All applications must be received no later than **Friday, June 11th**. Please mail ***completed application and payment*** to: *Boston Higashi School, Attn: Maryellen Paradise, 800 North Main St. Randolph, MA 02368.*