

**DEDHAM COMMUNITY HOUSE
APRIL VACATION WEEK
REGISTRATION FORM**

Child's Name: _____ (please print)

Address: _____ Town: _____ State: _____ Zip: _____

Age: _____ Grade: _____ *** Please check which number is best to call in case of an emergency***

Parent's Name: _____ O Home Phone #:(_____) _____ - _____

O Parent's Work #: (_____) _____ - _____ O Parent's Cell #:(_____) _____ - _____

E-mail Address: _____ @ _____

Allergies/Medications/Concerns:

Reg. Hours: 9 AM - 4 PM: Members \$50 / day or \$180 / week

Non-Members \$55 / day or \$200 / week

AM Extended Hours 8 - 9 AM: \$10 / day

PM1 Extended Hours 4 - 5 PM: \$10 / day or PM2 Extended Hours 5 - 6 PM: \$10 / day

10% Sibling discount for additional children

Please check all that apply to your registration:

	Regular Hours	AM Extended	PM1 Extended	PM2 Extended	Total Due
Tuesday (4/20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____
Wednesday (4/21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____
Thursday (4/22)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____
Friday (4/23)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ _____
Grand Total:					\$ _____

I give DCH staff permission to contact the following listed persons in case of an emergency or for alternate pick-ups, after they have been unsuccessful in reaching myself or another parent or guardian.

Emergency Contact Name (please print)

Phone

Emergency Contact Name (please print)

Phone

Parent Signature

Date