

Sept-Dec 2018



Vacation Care Registration

Child's Name:	Parent's Name:
Address:	Phone Number:

Please specify site preference: ____ Children's Place at the Plaza ____ State Education

Tuition rates are \$47/day. Payment is due at the time of registration. To cancel a registered day, the office must receive two weeks written notice. Spaces are limited and will be filled on a first come first serve basis. Please fill out the information below.

I would like to enroll my child for the following days:

____9/10/18 Rosh Hashana

____9/19/18 Yom Kippur

___11/6/18 Election Day

___11/21/18 Parent/Teacher Conferences

____12/26/18 Holiday Recess

____12/27/18 Holiday Recess

____12/28/18 Holiday Recess

<u>\$ 47.00</u> x ____ = \$____ Tuition # of days Total Amount

Amount paid: \$_____

Payment and registration forms can be handed in at the office or mailed to:

The Children's Place at the Plaza P.O. Box 2102 ESP Albany, NY 12220