



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

___ 12/31/18 Holiday Recess

\$ 47.00 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