



Children's Place at the Plaza
Fall/Winter 2016 Vacation Days
School Aged Registration Form

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

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

I would like to enroll my child for the following week(s):

- _____ October 3rd
- _____ October 11th
- _____ October 12th
- _____ November 23rd
- _____ December 27th
- _____ December 28th
- _____ December 29th
- _____ December 30th

Tuition rates are \$42/day. ALL of the tuition is due at the time of registration. To cancel an already registered day the office must receive written notice 2 weeks prior to registered day. Spaces are limited and will be filled on a first come first serve basis. Please fill out the information below. 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

\$ _____ x _____ = \$ _____
Tuition # of days Total Amount

Amount paid: \$ _____