

April Vacation Week Program Registration Form

Please Circle One: **Albany Center** or **Schenectady Center**

Girl's Name: _____ Girl's Grade: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Phone Number (H): _____ (C): _____ Email: _____

Please <input type="checkbox"/> Appropriate Boxes	Monday 4/25	Tuesday 4/26	Wednesday 4/27	Thursday 4/28	Friday 4/29
Days Attending					
Early Drop off needed (Additional \$5 per day)					

**** Girls need to bring a lunch daily – NO microwave or oven food please.
Lunches will not be refrigerated. Snacks will be provided.**

How did you hear about the program? _____

Emergency Contact Information:

Contact Name: _____ Contact Number: _____

Registration and Payment:

Mail or deliver this form and your payment to:

Girls Inc.
Administrative Office
962 Albany Street
Schenectady, NY 12307

Sliding Scale Fee

To qualify for the sliding scale fee you must fill out the following information and mail this form to the address above. We will then call you with payment information and instructions.

Total annual income of household: _____

*****NO REFUNDS AVAILABLE*****