

WATERTOWN COOPERATIVE NURSERY SCHOOL
525 Main St., Watertown, MA 02472
Phone: 617-924-0225 Email: mrclermont@yahoo.com

Camp Application - June 7-August 4, 2017

Name of Child _____

Date of Birth _____ Home Phone _____

Name of Parent _____ Cell Phone _____

Address _____ Email _____

Name of Parent _____ Cell _____

Address _____ Email _____

Emergency Contacts (At least 2 - neighbors, friends or nearby relatives)

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Child's Physician _____ Phone _____

In case of emergency, if we are not able to contact you or any of the above people,
may we seek medical help? ()Yes ()No

*Please submit a recent (within the past year) copy of your child's last physical
examination with all inoculations included.

Signed _____ Date _____

*Please check the weeks your child will be at camp.

June 7-9 _____ (3 days)

July 10-14 _____

June 12-16 _____

July 17-21 _____

June 19-23 _____

July 24-28 _____

June 26-30 _____

July 31-Aug.4 _____

July 5-7 _____ (3 days)