

**WATERTOWN COOPERATIVE NURSERY SCHOOL**  
525 Main St., Watertown, MA 02472  
Phone: 617-924-0225    Email: [Kim@watertowncoop.org](mailto:Kim@watertowncoop.org)

**Camp Application - June 13 - August 3, 2018**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Parent \_\_\_\_\_ Cell \_\_\_\_\_

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 13-15 \_\_\_\_\_ (3 days)

July 9-13 \_\_\_\_\_

June 18-22 \_\_\_\_\_

July 16-20 \_\_\_\_\_

June 25-29 \_\_\_\_\_

July 23-27 \_\_\_\_\_

July 5-6 \_\_\_\_\_ (2 days)

July 30-Aug.3 \_\_\_\_\_