



Watertown Cooperative Nursery School

Camp Application - June 13 - August 3, 2018

525 Main Street
Watertown, MA 02472
Tel: (617) 924-0225

Email:
info@watertowncoop.org
www.watertowncoop.org

Director
Kimberly O'Mahony

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 _____