



Watertown Cooperative Nursery School

SUMMER CAMP APPLICATION

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

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

Directors
Abby Cohen
Kimberly O'Mahony

Name of Child _____

Date of Birth _____ Home Phone _____

Name of Parent _____ Cell Phone _____

Address _____

Email _____

Name of Parent _____ Cell Phone _____

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 prove a **\$25 application fee** along with a recent (within the past year) copy of your child's last physical examination with all immunizations included when submitting this application.

Signed _____ Date _____

*Please check the weeks you are requesting for enrollment. Please note that you will be billed for all weeks that you choose on this form whether or not they are used.

June 10 - 12 _____ (3 days, \$150)	July 6 - 10 _____ (\$250)
June 15 - 19 _____ (\$250)	July 13 - 17 _____ (\$250)
June 22 - 26 _____ (\$250)	July 20 - 24 _____ (\$250)
Jun 29- Jul 2 _____ (4 days, \$200)	July 27 - 31 _____ (\$250)

****Payment for June camp weeks will be billed and due in May and July camp weeks in June. We have limited enrollment of 16 students per week. If a week is fully enrolled at the time you apply, you will not be billed and notified immediately of the status.**