

# Lincoln Nursery School

## 2010 Summer Camp Registration

Child's  
Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Parent's  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_

### Check One

I have already completed emergency, medical and trip permission forms for this child at LNS for 2009-2010

I need emergency, medical and trip permission forms for this child

### Camp Session 1

Week 1: June 15-18

The fee is **\$190** for *each* one-week session  Week 2: June 21-24

(No camp July 4<sup>th</sup> week)  Week 3: June 28-July 1

\_\_\_\_\_ weeks @ \$190.00/wk = \_\_\_\_\_

### Camp Session 2

Week 4: July 12-15

The fee is **\$190** for *each* one-week session  Week 5: July 19-22

Week 6: July 26-29

\_\_\_\_\_ weeks @ \$190.00/wk = \_\_\_\_\_

**Total Tuition:** \_\_\_\_\_

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All tuition must be paid with registration. Sorry, no refunds.

Children registering for Camp will be accepted on a first-come, first-served basis. The program will accept up to 24 children for each week of Camp. You will be notified only if your registration is received after full enrollment is reached, and your check will be promptly returned.

Please make checks payable to Lincoln Nursery School. Return this form and a check to Kerry Chase, Lincoln Nursery School, Box 6075, Lincoln MA 01773. (School mailbox: Chase.) Please make a copy of this form for your records. If you have any questions, please email [kerry.chase@gmail.com](mailto:kerry.chase@gmail.com) or call Kerry at 781-257-5145.