

**LINCOLN NURSERY SCHOOL
2011 SUMMER CAMP REGISTRATION**

Child's name: _____

Date of birth (must be 2.9 years by start of camp): _____

Parent's names: _____

Address: _____

Phone number: _____

Email address: _____

Check one:

I have already completed emergency, medical and trip permission forms for this child at LNS for 2010-2011.

I need emergency, medical and trip permission form for this child.

The fee is \$200 for each one-week session

Week 1: Tuesday, June 14 - Friday, June 17

Week 2: Monday, June 20 - Thursday, June 23

Week 3: Monday, June 27 - Thursday, June 30

No camp the week of July 4th

Week 4: Monday, July 11 - Thursday, July 14

Week 5: Monday, July 18 - Thursday, July 21

Week 6: Monday, July 25 - Thursday, July 28

____ Weeks @ \$200/week = _____

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 a minimum of 15 children for each week and a maximum of 24 children for each week. You will be notified if your registration is received after full enrollment is reached and your check will be returned.

Please make checks payable to Lincoln Nursery School. Return this form and a check to Joyce Cole, Lincoln Nursery School, P.O. Box 6075, Lincoln, MA 01773. Please make a copy of this form for your records. If you have questions, please email or call Anne Gaeta at a_gaeta@hotmail.com or 617-281-6390.