



# DECEMBER SCHOOL VACATION PROGRAM 2011

For kids ages 3-10 (in 4<sup>th</sup> Grade)

The Longfellow Sports Club has a great way to keep your children active,  
enriched & entertained, all in a healthy environment!

Let your kids enjoy this popular program!

*ARTS & CRAFTS*

*GROUP GAMES*

*GYM TIME*

*FREE SWIM*

**DATES: Monday - Friday  
December 27<sup>th</sup> - 30<sup>th</sup> 2011**

**For Kindergarten - in 4<sup>th</sup> Grade**

Hours: 9 AM - 4 PM

Family Members:- \$45 per day OR \$160 for 4 days!

Couple/Individual members: \$60 per day OR \$275 for 4 days!

Non-Members: \$75 per day OR \$350 for 4 days!

Extended day available at \$10 per hour

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**Pre School Program** (3 & 4 year olds only)

Hours: - 9 am - 1 pm

Family Members: \$40 for one half-day OR \$155 for the 4 half-days

Couple/Individual Members: \$55 for one half day OR \$200 for 4 half-days

Non-Members: \$70 for one half-day OR \$260 for 4 half-days!



**Pack a NUT-FREE LUNCH! We provide snacks!**

Questions? Call Caroline Donahue Children's Program Director

@ (508) 653-4633

## DECEMBER VACATION 2011 REGISTRATION FORM

Child (ren)'s name(s): \_\_\_\_\_ Age: \_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ Age: \_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Parent/ Guardian Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Mom Work #: \_\_\_\_\_

Mom Cell #: \_\_\_\_\_ Dad Work #: \_\_\_\_\_

Dad Cell: # \_\_\_\_\_

EMERGENCY Contact:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Please circle your choice:

*Tuesday Wednesday Thursday Friday*

Full Day Only:- Do you need ext. day @ \$10/hour?

Please circle days & time needed:

Tuesday 8 am - 9 am 4 pm - 5 pm 4 pm - 6 pm

Wednesday 8 am - 9 am 4 pm - 5 pm 4 pm - 6pm

Thursday 8 am - 9 am 4 pm - 5 pm 4 pm - 6pm

\*Friday 8 am - 9 am 4 pm - 5 pm 4 pm - 6pm

Total: - \_\_\_\_\_ (add to Fee)

Payment Method:

Payment can be mailed to Longfellow Sports Club, 203 Oak Street, Natick MA 01760 or fax form attached to (508) 650-4986 or drop off in person to the front desk.

Amount enclosed \$ \_\_\_\_\_ Check \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

I HAVE READ AND I UNDERSTAND THE FOLLOWING: NO REFUNDS WILL BE MADE. REQUESTS ACCOMPANIED BY A DOCTOR'S NOTE FOR ILLNESS WILL RECEIVE CREDIT; THERE ARE NO REFUNDS FOR ABSENCE, NO SHOWS OR EARLY DISMISSALS. THE LONGFELLOW SPORTS CLUB WILL CHARGE \$10/HOUR FOR ANY CHILDREN LEFT BEYOND PICK UP TIME. IT IS UNDERSTOOD AND AGREED THAT ANY ACCIDENT OR ILLNESS CLAIM WILL BE COVERED BY THE PARENT'S INSURANCE. LONGFELLOW SPORTS CLUB ASSUMES NO RESPONSIBILITY FOR ILLNESS OR ACCIDENTS. WE RESERVE THE RIGHT TO DISMISS ANY CHILD WHOSE BEHAVIOR IS DETRIMENTAL TO THE OVERALL GOOD OF THE PROGRAM.

HEALTH INS. COMPANY \_\_\_\_\_ GROUP POLICY# \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

**BRING A NUT-FREE LUNCH. WE PROVIDE SNACKS.**

**WE MUST RECEIVE AN RECENT WELL-CHECK UP FORM BEFORE THE FIRST DAY!**