

Camp Longfellow 2012 - Wayland

Camper's Name: _____

Home Phone: _____

Age: _____ Gender: _____ Grade (as of Fall '12): _____

Parent/Guardian Name: _____

Address: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Please check the weeks applied for:

June 25 - 29

July 2 - 6*

July 9 - 13

July 16 - 20

July 23 - July 27

July 30 - August 3

August 6 - 10

August 13 - 17

August 20 - 24

August 27 - 31

Number of Weeks: _____ Balance Due: \$ _____

Checks payable to: **The Longfellow Club**

Mail to: **Camp Longfellow, 522C Boston Post Road, Wayland, MA 01778.**

Email: **longfellowchildrenscenter@gmail.com**

Campers cannot participate in camp until we receive a health form signed by a doctor indicating that your child is able to participate in Camp Longfellow

* No camp Wednesday 7/4/12

This camp complies with regulations of the Massachusetts Department of Public Health (105 CMR 430), and licensed by the Sudbury Board of Health. Information on these regulations can be obtained at (617) 983-6761.