



DECEMBER SCHOOL VACATION PROGRAM 2025

We take children ages 4 years – 6th Grade

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

ARTS & CRAFTS * FREE SWIM * GAMES ON TURF FIELD * OUTSIDE PLAY * FREE PLAY & MORE!

DATES:

Monday December 29th

Tuesday December 30th

Friday January 2nd

Hours: 9 AM – 4 PM

Extended day hours are available from 8-9am and 4-5pm at \$10/hour

L @ L Families: - \$50.00 per day (includes extended day 8 am – 5 pm)

Full Family Members: \$50 per day

Others: \$75 per day

Deadline Friday December 12



Pack a NUT-FREE LUNCH, 2 SNACKS, A WATER BOTTLE, SWIMSUIT AND A TOWEL

Questions? Call Hillary Mabardy - Children's Program Director

@ (508) 653-4633 or email LHCNatick.Kids@gmail.com

DECEMBER VACATION 2025 REGISTRATION FORM

Child (ren)'s name(s): _____ Age: ____ D.O.B. __/__/__ Grade: ____

Child (ren)'s name(s): _____ Age: ____ D.O.B. __/__/__ Grade: ____

Child (ren)'s name(s): _____ Age: ____ D.O.B. __/__/__ Grade: ____

Address: _____ Town: _____

Parent/Guardian Names: 1: _____ 2: _____

Parent/Guardian 1 Cell #: _____ Parent/Guardian 1 Work #: - _____

Parent/Guardian 2 Cell: # _____ Parent/Guardian 2 Work #: _____

Email for news and updates: _____

Allergies or Medications? _____

EMERGENCY Contact: Name: _____ Tel: _____

Please check your choice:

☐ Monday December 29

☐ Tuesday December 30

☐ Friday January 2

Do you need ext. day? \$10 per hour.

Please check days & circle time needed:

☐ Monday December 29 8 am – 9 am 4 pm – 5 pm

☐ Tuesday December 30 8 am – 9 am 4 pm – 5 pm

☐ Friday January 2 8 am – 9 am 4 pm – 5 pm

Total # of hours: - _____ x \$10 per hour = \$ _____

Payment Method:

Forms can be emailed to LHCNatick.Kids@gmail.com or mailed to Longfellow Health Club, 203 Oak Street, Natick MA 01760 dropped off in person to the front desk. **If you want to use the card on file, please write "Card on File" and sign below.**

Credit Card # _____ Exp. Date _____ CVV _____

Signature: _____

I HAVE READ AND I UNDERSTAND THE FOLLOWING: NO REFUNDS WILL BE MADE. IF A DOCTOR'S NOTE FOR ILLNESS IS RECEIVED A CREDIT WILL BE ISSUED; THERE ARE NO REFUNDS OR CREDITS FOR ABSENCES, NO SHOWS OR EARLY DISMISSALS. WE RESERVE THE RIGHT TO DISMISS A CHILD WHOSE BEHAVIOR IS DETRIMENTAL TO THE OVERALL GOOD OF THE PROGRAM.

HEALTH INS. COMPANY _____ GROUP POLICY# _____

SIGNATURE _____ DATE: _____