



# APRIL SCHOOL VACATION PROGRAM 2024

For kids ages 5 years - 6 Grade

The Longfellow Health Club has a great way to keep your children active & entertained, all in a healthy environment! Let your kids enjoy this popular program!

SCIENCE GYM TIME ARTS & CRAFTS OUTSIDE PLAY  
TEAM GAMES FREE SWIM YOGA CHALLENGES & MORE!

**DATES: TUE APRIL 16 - 19, 2024**

9 am - 4 pm

**DEADLINE FOR SIGN UP: - FRI. March 29, 2024**



L @ L Families: -\$45 per day - includes extended day

Family members: \$60 per day

Others: \$75.00 per day

Extended day @ \$10 per hour

Pack a NUT-FREE LUNCH & Snacks!

Don't forget your swimsuit & towel! We ALL swim!

Call Caroline Donahue, Children's Program Director @ (508) 653-4633

Or email: - [camplongfellownatick@gmail.com](mailto:camplongfellownatick@gmail.com)

## SCHOOL VACATION PROGRAM 2023 REGISTRATION FORM

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

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

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

Parent Names: \_\_\_\_\_

Parent Cell #: \_\_\_\_\_ Parent Work #: - \_\_\_\_\_

Parent Cell: # \_\_\_\_\_ Parent Work #: \_\_\_\_\_

Email for confirmation, news and updates for camp: \_\_\_\_\_

Allergies or Medications? \_\_\_\_\_

Any accommodations needed? \_\_\_\_\_

EMERGENCY Contact: Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Please check your choice:

☐ Tuesday April 16

☐ Thursday April 18

☐ Wednesday April 17

☐ Friday April 19

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

Please check days & **circle time** needed:

☐ Tuesday April 18      8 am - 9 am      4 pm - 5 pm

☐ Wednesday April 19      8 am - 9 am      4 pm - 5 pm

☐ Thursday April 20      8 am - 9 am      4 pm - 5 pm

☐ Friday April 21      8 am - 9 am      4 pm - 5 pm

Total # of hours: - \_\_\_\_\_ @ \$10 per hour

Payment Method:

Forms can be emailed to [camplongfellownatick@gmail.com](mailto:camplongfellownatick@gmail.com) or mailed to Longfellow Health Club, 203 Oak Street, Natick MA 01760 or dropped off in person to the front desk.

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

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: \_\_\_\_\_

**BRING A NUT-FREE LUNCH, SNACKS, WATER BOTTLE AND A SWIM SUIT & TOWEL.  
A WELL-CHECK UP/DR'S FORM NEEDS TO BE ATTACHED TO REGISTRATION FORM.**