

Boxford Summer Park Program 2012 Registration Form

Full Name: _____ Birthday (MM/DD/YY): ____ / ____ / ____

Entering Grade: _____ Email Address (mandatory*): _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone: _____

Circle or Highlight Preferred Weeks:

All 6 Weeks (at Cole School)

Week 1 June 26, 27, 28

Week 4 July 17, 18, 19

Week 2 July 3, *, 5

Week 5 July 24, 25, 26

Week 3 July 10, 11, 12

Week 6 July 31, Aug. 1, 2

*Cole School will not be available on July 4; we are looking into an alternate site that day

Signature: _____ Date: ____ / ____ / ____

Registration Fees

\$150 per child/all 6 weeks!

\$350 max per family/all 6 weeks!

-or-

\$40 per child/week

\$15 per child/day

Summer Fee: _____ (If multiple family children registered, include all applications together)

Number of Weeks: _____ X \$40 = _____

Please make out checks to **Tri Town Council**.

Mail completed Application and Emergency Release Form to:

Boxford Park Program
14 Anna's Way
Boxford, MA 01921

**Note: email address is mandatory for communication!*