

TWISDENWOOD FARM SUMMER SESSIONS 2010

Application Form

Name of Child: _____ Age: _____

Name of Parent: _____

Address: _____

_____ Zip Code: _____

Day Phone: _____

Night Phone: _____

Emergency Contact and Phone: _____

Summer Session Dates (please circle the date you will attend):

July 5-9 July 12-16 July 19-23 July 26-30 August 2-6

All applications must be received by June 15 in order to secure a place. Early enrollment is highly recommended to secure a place for your child. Full payment must accompany this application.

Please download the Release and Liability form, sign both forms and mail them with your payment of \$400.00 (payment made to Twisdenwood Farm,LLC) to:

Twisdenwood Farm, 86 Lakeshore Rd, Boxford, Ma 01921

No refunds will be made after June 15

Further questions and information; please contact Jill Bowden 978-314-8258, or yorksmom@aol.com