



# CAMP REGISTRATION FORM 2014

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1949 E. Main St., Ste. 2  
 Mohegan Lake, NY 10547  
 914-528-5600

## Summer Camp

[www.tomthumbpreschool.com](http://www.tomthumbpreschool.com)

Nancy Brophy, Director

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CODE # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Please write above the last four digits of Mother's Social Security # -This will serve as your child's CODE NUMBER. He/She will not be released from camp without it. Please remember it.

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Mailing Address if different:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Last Name

\_\_\_\_\_

Child's First Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip

Phone# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Age by September 2014 \_\_\_\_ years \_\_\_\_ months

Grade just completed (in June 2014) \_\_\_\_\_

Gender: \_\_\_\_ Male / \_\_\_\_ Female

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Day Year

Hours: 9:00 – 3:00 [  check off days attending. - \*Must sign-up for a minimum of 2 days per week. ]

| WEEK #-<br>ending date | Monday | Tuesday | Wednesday | Thursday | Friday    |
|------------------------|--------|---------|-----------|----------|-----------|
| 1- July 4              | Jun 30 | 1       | 2         | 3        | 4 NO CAMP |
| 2- July 11             | 7      | 8       | 9         | 10       | 11        |
| 3- July 18             | 14     | 15      | 16        | 17       | 18        |
| 4- July 25             | 21     | 22      | 23        | 24       | 25        |
| 5-Aug 1                | 28     | 29      | 30        | 31       | Aug 1     |
| 6-Aug 8                | 4      | 5       | 6         | 7        | 8         |
| 7-Aug 15               | 11     | 12      | 13        | 14       | 15        |

Campers are required to attend camp at least 2 weeks. Parents may choose any days they wish, but must attend the days they signed up for. In case of illness, campers may make-up the day the following week only.

**Before or After Camp Care:** (If you are interested in this, please check the appropriate slots. Please note, you are not committing at this time to this program, this is just for our information)

\_\_\_\_ Before Camp at 7AM \_\_\_\_ Before Camp at 8 AM \_\_\_\_ After Camp until 4 PM \_\_\_\_ After Camp Until 5 PM \_\_\_\_ After camp until 6 PM

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For office use only: Date received: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_ Check # \_\_\_\_\_ Confirmed \_\_\_\_\_ Sibling \_\_\_\_\_

What School District does or will your child attend? \_\_\_\_\_

Does your child receive special services? (For example: Speech, occupational therapy) \_\_\_ Yes \_\_\_ No

What type: \_\_\_\_\_

Did your child attend preschool last year? \_\_\_\_\_yes \_\_\_\_\_no

If Tom Thumb, please indicate teacher's name: \_\_\_\_\_ Session: \_\_\_\_\_

Have any of your older children attended Tom Thumb? \_\_\_\_\_yes \_\_\_\_\_no

Names and ages of siblings:

\_\_\_\_\_

Parents / Guardians:

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
(Mother's cell phone #)

\_\_\_\_\_  
(Father's cell phone #)

\_\_\_\_\_  
(Mother's Occupation) \_\_\_ past or \_\_\_ present

\_\_\_\_\_  
(Father's Occupation)

\_\_\_\_\_  
(Employed by)

\_\_\_\_\_  
(Employed by)

\_\_\_\_\_  
(work #)

\_\_\_\_\_  
(work #)

Did either the child's Mother or Father attend Tom Thumb as a child? \_\_\_\_\_ Year \_\_\_\_\_

(Mother's, maiden name?) \_\_\_\_\_

**Please understand the following:**

1. We must be **notified prior to June 1<sup>st</sup>** if you are withdrawing your child, in order for us **to refund your tuition.**
2. **Your tuition will be forfeited if your child is withdrawn after our camp begins.**
3. Please note that it is impossible to deduct for any absenteeism. This is absolutely necessary to guarantee salaries, maintenance, insurance payments, etc. **Please do not ask us to make exceptions.**
4. The parent who signs this form will be responsible for payment of all tuitions.
5. **Tuition for camp is due in advance, two weeks at time and it must be received prior to the 1<sup>st</sup> week of attendance**
6. **Two weeks of camp tuition is due upon registration and every two weeks thereafter.**
7. This facility is a well child facility and does not administer medication
8. Tom Thumb sometimes uses **group pictures** of children (**NO names included**) in our brochure, newsletter articles and our web site.

I have read and agree to the above,

\_\_\_\_\_

Signature of Parent