



CAMP REGISTRATION FORM 2018

Date: ___/___/___

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

Summer Camp

www.tomthumbpreschool.com

Nancy Brophy, Director

CODE # _____ - _____ - _____ - _____

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

Gender: ___ Male / ___ Female

Birthday: _____/_____/_____

Age by June 1, 2018 ___ years ___ months _____

Child's Last Name

Child's First Name

Street Address

City State Zip

Phone# _____ - _____ - _____

Mailing Address if different:

Grade just completed (in June 2018) _____

Hours: 9:00-3:00 [check off days attending. - *Must sign-up for a **minimum of 3 weeks** and a **minimum of 2 days per week**. The weeks do not have to be consecutive]

WEEK #	Monday	Tuesday	Wednesday	Thursday	Friday	Payment due
1- July 2-6	July 2	3	4 CLOSED	5	6	First three weeks
2- July 9-13	9	10	11	12	13	due at registration
3 - July 16-20	16	17	18	19	20	
4 - July 23-27	23	24	25	26	27	Additional weeks
5 -30-Aug 3	30	31	Aug 1	2	3	due by July 20
6 - Aug 6-10	6	7	8	9	10	
7- Aug 13-17	13	14	15	16	17	

Campers are required to attend camp at least 3 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. No credits or refunds will be given for absences except for those who attend 5 days per week.

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

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

What School District does or will your child attend? _____

Does your child have any allergies? _____

(Use additional sheet if necessary)

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

What type: _____

Did your child attend preschool last year? yes no OR attended ThumbBelina? yes no

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

Did your child attend "Catch Us If You Can" summer camp last year? yes no

Have any of your older children attended Tom Thumb? yes no

Names and ages of siblings: _____

Has your child attended the Stay & Play Club at Tom Thumb Campus? yes no

Has your child experienced gymnastics at Dynamic Gymnastics or other places? yes no

Parent A	Parents / Guardians:	Parent B
Name		Name
(cell phone #)		(cell phone #)
(Occupation) <input type="checkbox"/> past or <input type="checkbox"/> present		(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 1st** 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 or give credit for any absenteeism. This is absolutely necessary to guarantee salaries, maintenance, insurance payments, etc. **Please do not ask us to make exceptions.** You may make-up the missed day the following week.
4. **Tuition for camp-The first three weeks are due upon registration, additional weeks are due by July 20th.**
5. **The tuition for your child's first three weeks of camp is due upon registration.**
6. This facility is a well child facility and does not administer medication
7. Tom Thumb sometimes uses **group pictures** of children (**NO names included**) in our brochure, newsletter articles and our web site.
8. Should a child's behavior become unsafe for the child or other children the Director has the right to determine if our facility can meet the needs of the child.
9. **The parent who signs this form will be responsible for payment of all tuitions.**

I have read and agree to the above, _____

Signature of Parent

Our summer camp program is focused on Learning FUN.