

The Power of Play



Let Everybody Play

Where Summer Comes Alive!



www.tomthumbpreschool.com

Email:tomthumbcampus@gmail.com

SUMMER CAMP REGISTRATION FORM 2019

914-528-5600

1949 E. Main St., Ste. 2, Mohegan Lake, NY 10547

Nancy Brophy, Director

Camp Hours: 9:00 a.m.–3:00 p.m.

Child's Last Name

Child's First Name

Street Address

City State Zip

Phone# _____ - _____ - _____

Mailing Address if different:

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 July1, 2019 ___ years ___ months_____

Elementary Grade just completed (in June 2019) _____

Please 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 {For current ThumBelina Students only- Half Day camp please mark- **AM**}

WEEK #	Monday	Tuesday	Wednesday	Thursday	Friday	Payment due
1- July 1-5	July 1	2	3	4 CLOSED	5	July fees are
2- July 8-12	8	9	10	11	12	due by June14th
3 - July 15-19	15	16	17	18	19	
4 - July 22-26	22	23	24	25	26	
5 -29-Aug 2	29	30	31	AUG 1	2	
6 - Aug 5-9	5	6	7	8	9	August fees are
7- Aug 12-16	12	13	14	15	16	due by July 22
8- Aug 19-23	19	20	21	22	23	
9-Aug 26-30	26	27	28	29	30	

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 that week or 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)___ Arrive at 7:30AM(\$8p/day) ___Arrive after 8AM (\$5p/day) ___ After until 4PM (\$5p/day) ___ After until 5PM (\$9p/day)

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 Safely Club at Tom Thumb Campus? ___yes ___no

Has your child experienced classes at Dynamic Gymnastics? ___yes ___no or take gymnastics at another gym? ___yes ___no

Parent A	Parents / Guardians:	Parent B
_____		_____
Name		Name
_____		_____
(cell phone #)		(cell phone #)
_____		_____
(Occupation) ___ past or ___ 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 total deposit.**
2. **Your tuition will be forfeited if your child is withdrawn after our camp begins.**
3. Please note that is impossible to deduct for any absenteeism. You may make-up the missed day that week or the following week.
Campers who attend 5 days per week will receive credit for absences.
4. **Camp fees for July are due by June 14th, August camp fees are due by July 22nd.**
5. This facility is a well child facility and does not administer medication
6. Tom Thumb sometimes uses **group pictures** of children (**NO names included**) in our brochure, newsletter articles and our web site.
7. Should a child's behavior become unsafe for the child or other children the Director will determine if our facility can meet the needs of the child.
8. A **\$100 deposit** must accompany this form. This deposit will be applied to Before/After Care or July's fees.
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.