

SUMMER CAMP REGISTRATION FORM 2022



Nancy Brophy: Tom Thumb Founder, 1968
 Shawn Brophy: Owner & Campus Manager
 Tom Brophy: Camp Director

Camp Hours: 9:00am - 3:00pm
 Main Line: (914) 528-5600
 After 4pm Line: (914) 282-6602 (Nancy's Cell)
 Tomthumbcampus@gmail.com
 www.tomthumbpreschool.com
 1949 East Main Street, Mohegan Lake, NY 10547

Rec'd Med_____

Emerg_____

Before Care_____

After Care_____

Date_____

Child's Name: _____
 Last Name First Name

Address: _____
 Street Address City State Zip

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.

Phone # _____

Mailing Address if Different: _____

Gender: _____ Age by September: _____ Birthday: _____

Grade child will be entering in September: __K __1st __2nd __3rd __4th __5th __6th

Child will be in a Tom Thumb Program in Sept: __Senior Program (4 yrs old) __Junior Program (3yrs old)

Elementary students are eligible for camp if they satisfy one of the below requirements (please check line):

- Child will be attending Tom Thumb in September
- Child is a Tom Thumb Alumni
- Child attended camp in previous years
- Child has a younger sibling in Camp
- Child has attended the Stay & Play Safely Program
- Child has attended Dynamic Gymnastics

Tuition Costs per week (min. 2 weeks; 5 days a week): \$290 Weekly for 1 child \$550 Weekly for 2 children

ThumBelina Campers may attend camp and be dismissed at 1pm for \$192/per week. Please write 1pm in weeks chosen.

Parents please check the days your child will be attending. ThumBelina write 1pm for days attending.

WEEK #	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ONE June 27 - July 1	June 27 _____	June 28 _____	June 29 _____	June 30 _____	July 1 _____
TWO July 5 - July 8	July 4 NO CAMP	July 5 _____	July 6 _____	July 7 _____	July 8 _____
THREE July 11 - July 15	July 11 _____	July 12 _____	July 13 _____	July 14 _____	July 15 _____
FOUR July 18 - July 22	July 18 _____	July 19 _____	July 20 _____	July 21 _____	July 22 _____
FIVE July 25 - July 29	July 25 _____	July 26 _____	July 27 _____	July 28 _____	July 29 _____
SIX Aug. 1 - Aug. 5	August 1 _____	August 2 _____	August 3 _____	August 4 _____	August 5 _____
SEVEN Aug. 8 - Aug. 12	August 8 _____	August 9 _____	August 10 _____	August 11 _____	August 12 _____

July 4th Week (Week 2) is a reduced rate of \$232

***Your tuition through July 29th must accompany this form.**

***August fees are due before July 17th.**

***There is no camp Monday, July 4th.**

Interested in Before and After Camp Care, please check the appropriate slots. (please note, you are not committing at this time to this program, this is just for our information: Arrive after 8am \$6.00/per day Pickup before 4pm \$6.00/per day Pickup Before 5pm \$11.00/per day

FOR OFFICE USE ONLY: Date Received: _____ Amount Enclosed: _____ Check # _____ Use My Card on File _____
 I will call with a credit card number on date: _____ Confirmed _____ Sibling _____



What School District does or will your child attend? _____

Does your Child have any allergies? _____

Does your child receive special services? (For example Speech, Occupational therapy) ___ Yes ___ No
If Yes, what type? _____

Did your child attend preschool last year? ___ Yes ___ No **OR** attend ThumBelina? ___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
If Yes, name and ages of siblings: _____

Has your child attended the Stay & Play Safely Club on the Tom Thumb Campus? ___Yes ___No
Has your child experienced classes at Dynamic Gymnastics? ___Yes ___No
or take gymnastics at another gym? ___Yes ___No

Parent / Guardian A

Name: _____

Cell Phone # _____

Occupation (___Past or ___Present): _____

Employed by: _____

Work Phone # _____

Parent / Guardian B

Name: _____

Cell Phone # _____

Occupation (___Past or ___Present): _____

Employed by: _____

Work Phone # _____

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 all of your payment.
2. Please note that it is impossible to deduct for any absenteeism. You may make-up missed days in the following weeks.
3. This facility is a well child facility and does not administer medication
4. Tom Thumb sometimes uses group pictures of children (NO names included) in our brochure, newsletter articles and our website.
5. 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.
6. The parent who signs this form will be responsible for payment of all tuitions.

7. Your July camp fees must accompany this form. August fees are due by July 17th.

By signing below I have read and agree to the above.

Print Name of Parent / Guardian: _____ Signature: _____

Our summer camp program is focused on socialized FUN.