



SUMMER CAMP REGISTRATION FORM 2020

914-528-5600

1949 E. Main St., Ste. 2, Mohegan Lake, NY 10547
 Nancy Brophy, Director / Camp Director: Tom Brophy

Date: _____

Camp Hours: 9:00 a.m.–3:00 p.m.

www.tomthumbpreschool.com

Email: tomthumbcampus@gmail.com

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.

Child's Last Name

Child's First Name

Street Address

City State Zip

Gender: ___ Male / ___ Female

Phone# _____ - _____ - _____

Mailing Address if different:

Age by September 1, 2020: ___ years ___ month

Birthday: ____/____/____

Child is in Elementary School beginning in Sept. 2020 entering: ___ 1st grade & up ___ Kindergarten

Child is entering a Preschool Program in Sept. 2020: ___ Senior Program (4 year old) ___ Junior Program (3 year old)

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. (Current ThumBelina Students only are eligible for Full Day or Half Day morning camp - please mark- **AM**)

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

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(\$9p/day) ___ Arrive after 8AM (\$6p/day) ___ After until 4PM (\$6p/day) ___ After until 5PM (\$11p/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 #)

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 12^h, August camp fees are due by July 17th**
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 August's fees or the last week they attend camp.
9. **The parent who signs this form will be responsible for payment of all tuitions.**

I have read and agree to the above,

Print Name of Parent: _____

Signature of Parent

Our summer camp program is focused on Socialized FUN.