

2023 SUMMER CAMP REGISTRATION FORM

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

Camp Hours: 9:00 am - 3:00 pm

Main Line: (914) 528-5600
After 4pm Line: (914) 282-6602 (Nancy's Cell)
eMail: tomthumbcampus@gmail.com
Website: www.tomthumbpreschool.com



***4 Digit CODE #** _____ - _____ - _____ - _____
 *This 4-digit number is your child's CODE NUMBER. The child will NOT be released without it. Please use a number you know; so you will easily remember it.

Campers Attending: One Child Two Children

Office Use Only: Medical _____ Payment _____
 Before Care _____ After Care _____

****Your tuition through July 21st must accompany this form for weeks 1, 2, 3 & 4.**

Date _____

*****Your tuition for weeks 5, 6, & 7 is due before July 17th.**

There is no camp Tuesday, July 4th.

Phone # _____

Child's Name:

Address: Last Name _____ 1st Child - First Name _____ 2nd Child - First Name _____

Street Address _____ City _____ State _____ Zip _____
 1st Child Gender: _____ Age by Sept.: _____ Birthday: _____ 2nd Child Gender: _____ Age by Sept.: _____ 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 (3 yrs old)

Children attending our camp must 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 (min. 2 weeks; 5 full days a week): \$300 Weekly for 1 child or \$570 Weekly for 2 children
 3 years olds may choose a 1pm dismissal for \$200/per week. Please write 1:00 pm in weeks chosen. **Parents please check the weeks your child will be attending for either one child or 2 children and calculate the subtotals for the 2 payments.**

Check Weeks Attending	Pick Wks	Camp Tuition		Attendance Record to be Updated by Staff				
				Monday	Tuesday	Wednesday	Thursday	Friday
Minimum of 2 weeks	✓	1 Kid or 2 Kids		June 26	June 27	June 28	June 29	June 30
One June 26 – June 30		\$300	\$570	July 3	July 4 No Camp	July 5	July 6	July 7
Two July 3 – July 7		\$240	\$456	July 10	July 11	July 12	July 13	July 14
Three July 10 – July 14		\$300	\$570	July 17	July 18	July 19	July 20	July 21
Subtotal** Due w/ Registration Form								
Five July 24 – July 28		\$300	\$570	July 24	July 25	July 26	July 27	July 28
Six July 31 – Aug. 4		\$300	\$570	July 31	Aug. 1	Aug. 2	Aug. 3	Aug. 4
Seven Aug. 7 – Aug. 11		\$300	\$570	Aug. 7	Aug. 8	Aug. 9	Aug. 10	Aug. 11
Subtotal*** Due July 17								

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 \$8/day Pickup before 4pm \$7/day Pickup before 4:30pm \$11/day Pickup Before 5pm \$14/day

FOR OFFICE USE ONLY: Date Received: _____ Amount Enclosed: _____ Check # _____

Use My Card on File Yes I will call with a credit card number on date: _____ Confirmed _____ Sibling _____



Does your child have any allergies? (If so what type) _____

Does allergy require an Epi-pen? _____

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

What type: _____ How often? _____

Parent / Guardian:

Name _____

Cell Phone # _____

Occupation (_ Past or _ Present): _____

Employed by: _____

Work Phone # _____

Parent / Guardian::

Name _____

Cell Phone # _____

Occupation (_ Past or _ Present): _____

Employed by: _____

Work Phone # _____

IN THE EVENT PARENT/ GUARDIAN CAN'T BE REACHED IN AN EMERGENCY, PLEASE NOTIFY (in the order below)
My child may be released to the people listed below.

Name / Relationship _____ Phone number where person can be reached _____

1st _____

2nd _____

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. We are sorry there are no makeups, no credit or refunds.
3. This facility is a well child facility and does not administer medication.
4. Please label *Sun Screen* product with child's name and put it in their bag. Child may reapply *Sun Screen* throughout the day.
5. Tom Thumb camp sometimes uses group pictures of children (NO names are included) in our brochure, newsletter articles, our website and social media.
6. Should a child's behavior become unsafe for the child or other children the Director will determine if our camp can meet the needs of the child.
7. Child attending camp must be potty-trained.
8. The parent/guardian who signs this form will be responsible for payment of all tuitions.
9. I give my permission for my child to go to Dynamic Gymnastics.
10. Camp Tuition for weeks 5, 6 & 7 is 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.