

2024 Catch Us If Can Before & After Camp Care



**Super Kids
Let Everyone
Play!**

Nancy Brophy: Tom Thumb Founder, 1968
 Shawn Brophy: Owner & Campus Manager
 Tom Brophy: Camp Director
Camp Hours: 9:00 am - 3:00 pm
 (914) 528-5600

July 1 through July 26 Camp Weeks 1, 2, 3 & 4

Camp Hours are from 9:00 am to 3:00 pm

1st Child's Name: _____ 2nd Child's Name: _____
 Parent's Name: _____
 Phone #: _____ Code#: _____



Before Camp Care

WK	Before Camp Drop-off	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Tuition Amount	
1	Before 8* am	July 1	July 2	July 3	July 4- no camp	July 5		X \$8	1 st Child	2 nd Child
2	Before 8 am	July 8	July 9	July 10	July 11	July 12		X \$8		
3	Before 8 am	July 15	July 16	July 17	July 18	July 19		X \$8		
4	Before 8 am	July 22	July 23	July 24	July 25	July 26		X \$8		
Before Camp Care Subtotal for each child....										



After Camp Care

Total Before Camp Care Weeks 1 through 4 \$ _____

WK	After Camp Pick-up by	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Tuition Amount	
1	Before 4:00 pm	July 1	July 2	July 3	July 4 no camp	July 5		X \$7	1 st Child	2 nd Child
	Before 4:30 pm				July 4 no camp			X \$11		
	Before 5:00 pm				July 4 no camp			X \$14		
2	Before 4:00 pm	July 8	July 9	July 10	July 11	July 12		X \$7		
	Before 4:30 pm							X \$11		
	Before 5:00 pm							X \$14		
3	Before 4:00 pm	July 15	July 16	July 17	July 18	July 19		X \$7		
	Before 4:30 pm							X \$11		
	Before 5:00 pm							X \$14		
4	Before 4:00 pm	July 22	July 23	July 24	July 25	July 26		X \$7		
	Before 4:30 pm							X \$11		
	Before 5:00 pm							X \$14		
After Camp Care Subtotal for each child....										

Total After Camp Care Weeks 1 through 4 \$ _____

PLEASE RETURN THIS FORM WITH PAYMENT before June 1st for Before and After Camp Care for Weeks 1 through 4.

Total Before & After Camp Care \$ _____

Office Use Only: Payment Received Date _____ Cash _____ Check # _____ Credit card used ___ Yes Amount \$ _____

2024 Catch Us If Can Before & After Camp Care



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Nancy Brophy: Tom Thumb Founder, 1968
Shawn Brophy: Owner & Campus Manager
Tom Brophy: Camp Director
Camp Hours: 9:00 am - 3:00 pm
(914) 528-5600

July 29 through Aug. 16 - Camp Weeks 5, 6, & 7

Camp Hours are from 9:00 am to 3:00 pm

1st Child's Name: _____ 2nd Child's Name: _____

Parent's Name: _____

Phone #: _____ Code#: _____



Before Camp Care

WK	Before Camp Drop-off	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Tuition Amount	
5	Before 8* am	July 29	July 30	July 31	Aug. 1	Aug. 2		X \$8	1 st Child	2 nd Child
6	Before 8 am	Aug. 5	Aug. 6	Aug. 7	Aug. 8	Aug. 9		X \$8		
7	Before 8 am	Aug. 12	Aug. 13	Aug. 14	Aug. 15	Aug. 16		X \$8		
Before Camp Care Subtotal for each child....										

Total Before Camp Care Weeks 5 through 7 \$ _____



After Camp Care

WK	After Camp Pick-up by	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Tuition Amount	
5	Before 4:00 pm	July 29	July 30	July 31	Aug. 1	Aug. 2		X \$7	1 st Child	2 nd Child
	Before 4:30 pm							X \$11		
	Before 5:00 pm							X \$14		
6	Before 4:00 pm	Aug. 5	Aug. 6	Aug. 7	Aug. 8	Aug. 9		X \$7		
	Before 4:30 pm							X \$11		
	Before 5:00 pm							X \$14		
7	Before 4:00 pm	Aug. 12	Aug. 13	Aug. 14	Aug. 15	Aug. 16		X \$7		
	Before 4:30 pm							X \$11		
	Before 5:00 pm							X \$14		
After Camp Care Subtotal for each child....										

Total After Camp Care Weeks 5 through 7 \$ _____

PLEASE RETURN THIS FORM WITH PAYMENT on or before June 1st for Before and After Camp Care for Weeks 5 through 7.

Total Before & After Camp Care \$ _____

Office Use Only: Payment Received Date _____ Cash _____ Check # _____ Credit card used ___ Yes Amount \$ _____