

# 2024 Catch Us If Can Summer Camp Registration Form



**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**

**\*\*Your tuition through July 26<sup>th</sup> (weeks 1, 2, 3 & 4) must accompany this form. \*\*\*Your tuition for weeks 5, 6, & 7 is due by July 19th.**

**There is no camp on Thursday, July 4th.**

\* 4 Digit CODE #      -      -      -       
\* Child will not be released without the 4-digit number

**Child's Name:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_  

Last Name
1<sup>st</sup> Child - First Name
2<sup>nd</sup> Child - First Name


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Street Address
City
State
Zip


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**1<sup>st</sup> Child Gender:** \_\_\_\_\_ **Age by Sept.:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **2<sup>nd</sup> Child Gender:** \_\_\_\_\_ **Age by Sept.:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

Grade child will be entering in September:      K      1<sup>st</sup>      2<sup>nd</sup>      3<sup>rd</sup>      4<sup>th</sup>      5<sup>th</sup>      6<sup>th</sup>  
 Child will be in a Tom Thumb Program in Sept:      Senior Program (4 yrs old)      Junior Program (3 yrs old)

### Tuition Costs (min. of 2 weeks, 5 days a week):

**\$315 Weekly for 1 child or \$570 Weekly for 2 children, (except first week you may choose 3 or 4 days)**

Incoming juniors have the option of 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 and circle either one child or 2 children and calculate the totals for the 2 payments and leave blank those weeks not attending.**

Check Weeks Attending	Pick Wks	Camp Tuition		<b>*Attendance Record to be Updated by Staff*</b>				
		1 Child	2 Children	Mon.	Tues.	Wed.	Thurs.	Fri.
Minimum of 2 weeks	✓			July 1	July 2	July 3	July 4 No Camp	July 5
<b>1.</b> July 1 – July 5		\$189 or \$252	\$341 or \$454	July 1	July 2	July 3	July 4 No Camp	July 5
<b>2.</b> July 8 – July 12		\$315	\$570	July 8	July 9	July 10	July 11	July 12
<b>3.</b> July 15 – July 19		\$315	\$570	July 15	July 16	July 17	July 18	July 19
<b>4.</b> July 22 – July 26		\$315	\$570	July 22	July 23	July 24	July 25	July 26
<b>First Payment Total**</b> Due w/ Registration Form				<b>PARENTS-DO NOT MARK INDIVIDUAL DAYS</b>				
<b>5.</b> July 29 – Aug. 2		\$315	\$570	July 29	July 30	July 31	Aug. 1	Aug. 2
<b>6.</b> Aug. 5 – Aug. 9		\$315	\$570	Aug. 5	Aug. 6	Aug. 7	Aug. 8	Aug. 9
<b>7.</b> Aug. 12 – Aug. 16		\$315	\$570	Aug. 12	Aug. 13	Aug. 14	Aug. 15	Aug. 16
<b>Second Payment Total***</b> Due July 19				<b>PARENTS-DO NOT MARK INDIVIDUAL DAYS</b>				

**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.

<u>Name</u>	<u>Relationship</u>	<u>Phone number where person can be reached</u>
<u>1<sup>st</sup></u>		
<u>2<sup>nd</sup></u>		

**Please understand the following:**

1. We must be **notified prior to June 1<sup>st</sup> 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 19th.

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

**Print Name of Parent /Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Our Summer Camp Program is a fun, safe environment for children from Pre-K to 5<sup>th</sup> Graders**