

2026 Catch Us If You Can Summer Camp Registration

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

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

Main Line: (914) 528-5600

After 5pm Line: (914) 282-6602 (Nancy's Cell)



Super Kids
 Let
 Everybody
 Play!

***Registration forms are due by June 1st.**

****Your tuition for weeks 1,2 & 3 must accompany this form.**

*****Your tuition for weeks 4, 5, 6, & 7 is due by July 10th**

Should you need a different payment plan, please call the office & we can help you.

Date _____

Child's Name:

Address: _____

1st Child – First Name

2nd Child – First Name

1st Child

City

State _____ Zip _____

Gender: _____ **Age by Sept:** _____ **Birthday:** _____

2nd Child

Gender: _____ **Age by Sept:** _____ **Birthday:** _____

***4 Digit Dismissal CODE #** _____

*** Child will not be released without the 4-digit number you assign**

Preschool age for Sept: **Repeat Thumbelina (2+ yrs old)** _____ **Junior (3 yrs old)** _____ **Senior (4 yrs old)** _____

Elementary Grade child will be entering in September: **K** _____ **1st** _____ **2nd** _____ **3rd** _____ **4th** _____ **5th** _____ **6th**

Tuition Costs: See chart below (min. 2 weeks, do not have to be consecutive)

5 full days a week (except first week you may choose 4 or 5 days)

Repeat Thumbelina AND any child that is not yet potty trained MUST choose 1pm dismissal for \$220/per week.
 Incoming Juniors may also choose a 1pm dismissal as well if half day is preferred. Please write 1:00 pm in weeks chosen.

Parents-please check the weeks your child will be attending for either 1 or 2 children and calculate the subtotals for the 2 payments.

**For families that have more than 1 child attending, 2nd child is given a 20% discount,
 3rd child, a 10% discount. Please fill out separate registration form for 3rd child.**

All credit card transactions will have a 2% processing fee.

| Weeks Offered | Pick Wks | Camp Tuition | | |
|--|-----------------|---------------------|-------------------|----------------------|
| Minimum of 2 weeks | ✓ | 1 Child | 2 Children | 1PM dismissal |
| 1. June 29 – July 3 4 days 5 days | | \$264 \$330 | \$476 \$594 | \$176 \$220 |
| 2. July 6 – July 10 | | \$330 | \$594 | \$220 |
| 3. July 13 – July 17 | | \$330 | \$594 | \$220 |
| First Payment Total*** Due with Registration Form | | | | |
| 4. July 20 – July 24 | | \$330 | \$594 | \$220 |
| 5. July 27 – July 31 | | \$330 | \$594 | \$220 |
| 6. Aug. 3 – Aug. 7 | | \$330 | \$594 | \$220 |
| 7. Aug. 10 – Aug. 14 | | \$330 | \$594 | \$220 |
| Second Payment Total*** Due July 10 | | | | |

Attendance Record to be Updated by Staff During Camp

| Mon. | Tues. | Wed. | Thurs. | Fri. |
|-------------|--------------|-------------|---------------|-------------|
| June 29 | June 30 | July 1 | July 2 | July 3 |
| July 6 | July 7 | July 8 | July 9 | July 10 |
| July 13 | July 14 | July 15 | July 16 | July 17 |
| July 20 | July 21 | July 22 | July 23 | July 24 |
| July 27 | July 28 | July 29 | July 30 | July 31 |
| Aug. 3 | Aug. 4 | Aug. 5 | Aug. 6 | Aug. 7 |
| Aug. 10 | Aug. 11 | Aug. 12 | Aug. 13 | Aug. 14 |

PARENTS-PLEASE DO NOT WRITE IN THIS AREA

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 \$9/day Pickup before 4pm \$8/day Pickup before 4:30pm \$12/day Pickup Before 5pm \$15/day

FOR OFFICE USE ONLY: Date Received: _____ Amount Enclosed: _____ Check # _____ Use My Card on File _____
 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 15th** 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, credits or refunds.
3. This facility is a well child facility and does not administer medication, aside from emergency life-saving medication.
4. Please label *Sunscreen* product with child's name and put it in their bag. Child may reapply spray on *Sunscreen* 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. The parent/guardian who signs this form will be responsible for payment of all tuition.
8. I give my permission for my child to be anywhere on the Tom Thumb Campus.
9. No morning snack is served at camp. Children should have breakfast at home. Lunch is at 11:30 am. PM snack of ice cream/ice pops is provided everyday.

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.