



# 2015 CAMP REGISTRATION FORM

## Summer Camp

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1949 E. Main St., Ste. 2  
Mohegan Lake, NY 10547

(914) 528-5600

[www.tomthumbpreschool.com](http://www.tomthumbpreschool.com)

Nancy Brophy, Director

Child's Last Name \_\_\_\_\_

Child's First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City State Zip

Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age by September 2014 \_\_\_\_ years \_\_\_\_ months

Grade just completed (in June 2015) \_\_\_\_\_

Gender: \_\_\_\_ Male / \_\_\_\_ Female

Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

CODE # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please write above the last four digits of Mother's Social Security number - This will serve as your child's **CODE NUMBER**.

**She/he will not be released from camp without it.**

Please remember it.

Mailing Address if different:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hours: 9:00 – 3:00 [  check off days attending. - \*Must sign-up for a minimum of 2 days per week. ]

WEEK #	Monday	Tuesday	Wednesday	Thursday	Friday
1- July 6-10	July 6	7	8	9	10
2- July 13-17	13	14	15	16	17
3 - July 20-24	20	21	22	23	24
4 - July 27-31	27	28	29	30	31
5 - Aug 3-7	Aug 3	4	5	6	7
6 - Aug 10-14	10	11	12	13	14
7- Aug 17-21	17	18	19	20	21

Campers are required to attend camp at least 2 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 the following week only.

**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)

\_\_\_\_ Before Camp at 7AM \_\_\_\_ Before Camp at 8 AM \_\_\_\_ After Camp until 4 PM \_\_\_\_ After Camp Until 5 PM \_\_\_\_ After camp until 6 PM

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? \_\_\_\_\_

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

What type: \_\_\_\_\_

Did your child attend preschool last year? \_\_\_\_\_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:\_\_\_\_\_

Parent A	Parents / Guardians:	Parent B
Name		Name
(cell phone #)		(cell phone #)
(Occupation) ___ past or ___ present		(Occupation)
(Employed by)		(Employed by)
(work #)		(work #)

Did either the child's Mother or Father attend Tom Thumb as a child? \_\_\_\_\_Year\_\_\_\_\_

(Mother's, maiden name?) \_\_\_\_\_

**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 your tuition**.
2. **Your tuition will be forfeited if your child is withdrawn after our camp begins.**
3. Please note that it is impossible to deduct for any absenteeism. This is absolutely necessary to guarantee salaries, maintenance, insurance payments, etc. **Please do not ask us to make exceptions.**
4. The parent who signs this form will be responsible for payment of all tuitions.
5. **Tuition for camp is due in advance, two weeks at time and it must be received prior to the 1<sup>st</sup> week of attendance**
6. **Two weeks of camp tuition is due upon registration and every two weeks thereafter.**
7. This facility is a well child facility and does not administer medication
8. Tom Thumb sometimes uses **group pictures** of children (**NO names included**) in our brochure, newsletter articles and our web site.

I have read and agree to the above,

\_\_\_\_\_  
Signature of Parent