



2024

SUMMER CAMP

AT BROOKSIDE

TWADDLERS +
TODDLERS
2&3 YEAR OLDS

TLC BROOKSIDE
1260 MEADOWBROOK ROAD
MERRICK, NY 11566

www.tlcmerrick.com

JULY 1-AUGUST 16



Brookside Summer Program 2024 Twaddlers +Toddlers

Tuition-The summer program runs from **July 1-August 16, 2024**. Rates can be found on **Page 2**. *There are no refunds due to vacations or absences.

- (A)** **My child's schedule will remain the same.**
OR
 My child will attend the following days:
 Monday Tuesday Wednesday Thursday Friday

- (B)** **My child will attend the following hours:**
- | | | |
|--|----------------------------------|--------------------------------------|
| 6-Hour Days | 8-Hour Days | |
| <input type="checkbox"/> 8am-2pm | <input type="checkbox"/> 7am-3pm | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 8:30am-2:30pm | <input type="checkbox"/> 8am-4pm | (TLC is open 7am-6pm). |
| <input type="checkbox"/> 9am-3pm | <input type="checkbox"/> 9am-5pm | |

(C) **Please select the activities in which your child will participate.** A description of each activity can be found on Page 7.

Day of Week	Special Activity	Cost per Student (In addition to monthly tuition)
<input type="checkbox"/> Mondays	Music	\$50
<input type="checkbox"/> Tuesdays	Basketball	\$50
<input type="checkbox"/> Wednesdays	Soccer	\$100
<input type="checkbox"/> Tuesday/ Fridays	In-House Specials!	\$75
<input type="checkbox"/> Fridays	Soccer	\$100

TOTAL Activity Cost \$ _____

**Calendars subject to change.*

Please hand this entire form in with payment. If your child does not currently attend TLC, please complete Pages 3-6 as well. Payments are due by April 22, 2024.

Child's Name _____ Parent's Name _____

Parent's Phone Number _____ Parent's Email _____

Parent Signature _____ Date _____

Payment Enclosed \$ _____ Venmo sent to @tlcbrookside

Office Use Only

Paid in full (Date) _____ Amount \$ _____ Check# _____ /Cash



Monthly Tuition Rates

There are no refunds for holidays, vacations, or absences. If TLC is closed, you are still responsible for payment.

Tuition is due either: the first of the month, the first and the 15th, or Mondays.
WE OFFER SIBLING DISCOUNTS.

Monthly Tuition for Any 8-Hour Days

Minimum Enrollment is 2 Days/Week, 6 Hours/Day

	Infants	Toddlers	Nursery/ Pre-k
2 Days Per Week	\$1,050	\$930	\$810
3 Days Per Week	\$1,350	\$1,245	\$1,070
4 Days Per Week	\$1,665	\$1,460	\$1,265
5 Days Per Week	\$1,950	\$1,735	\$1,625

Reduced OR Additional Hours

For each additional or reduced hour, add or deduct the amount from the monthly tuition amount.

	Infants	Toddlers	Nursery/ Pre-k
2 Days Per Week	+/- \$80 Per Hour	+/- \$75 Per Hour	+/- \$70 Per Hour
3 Days Per Week	+/- \$120 Per Hour	+/- \$110 Per Hour	+/- \$100 Per Hour
4 Days Per Week	+/- \$160 Per Hour	+/- \$145 Per Hour	+/- \$130 Per Hour
5 Days Per Week	+/- \$200 Per Hour	+/- \$180 Per Hour	+/- \$160 Per Hour

Brookside Summer Program 2024 Twaddlers + Toddlers

Child's Name _____ Date of Birth _____

Street Address _____

City, State & Zip _____ Sex: Male or Female

Known Allergies (food/medicine) _____

Mother's Name _____

Father's Name _____

Street Address _____

Street Address _____

City, State & Zip _____

City, State & Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Email _____

Email _____

Employer _____

Employer _____

Work Address _____

Work Address _____

Work Phone _____

Work Phone _____

Emergency Contacts that are ALSO ALLOWED TO PICK UP YOUR CHILD

Name _____

Name _____

Relationship _____

Relationship _____

Street Address _____

Street Address _____

City, State & Zip _____

City, State & Zip _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Doctor Information

Name _____ Hospital _____

Street Address _____

City, State & Zip _____

Phone _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:	ADDRESS:	PHONE NUMBER: () -	
	CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:		DATE OF BIRTH: / /	
	CHILD'S HOME ADDRESS:		GENDER:	
	NAME OF PERSON ENROLLING CHILD:		RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text		ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:				
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
FOR PROGRAM USE ONLY		FOR PROGRAM USE ONLY		
DATE OF ENROLLMENT: / /		DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:	DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____ Please provide information here AND discuss with your child care provider:	
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:	PHONE NUMBER: () -
PREFERRED HOSPITAL:	PHONE NUMBER: () -
CHILD'S DENTAL CARE:	PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS	
<ul style="list-style-type: none"> • I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/> Yes <input type="checkbox"/> No 	
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child: _____

Date of Birth: _____

Date of Examination: _____

Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):

___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics

Comments

Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

Yes No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

()

Phone

Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

Brookside Summer Program 2024- Activity Descriptions

Water play: Every Monday, please send your children in with their bathing suits & beach bags. It should include extra clothes, towel and water-proof easy on/off sandals. It will be sent home each Friday, or your last day of the week, to be cleaned. WATER PLAY WILL BE SET UP daily (weather permitting)!!

Music The Long Island Music Aardvarks will combine song, dance and rhythm in an interactive musical experience for the children.

Soccer *Soccer Shots* will teach children the fundamentals of soccer. Aside from physical activity, this special helps develop self-esteem, teamwork, communication, and respect.

Basketball Coach Mo will focus on increasing balance, coordination, and fine motor skills while learning the fundamentals of basketball. This is a noncompetitive beginner program emphasizing basic skills, good sportsmanship, and fun!

In-House Specials

- **Dinosaurs Rock**-A highly interactive presentation that's hands on and includes a fossil dig with specimens to keep and take home.
- **Mad Science**- A workshop offering hands-on learning experiences with an age-appropriate exploration of a single science topic, like air, animals, weather, and worms. Kids enjoy engaging demos, perform simple experiments, and discover how science helps us understand our world.
- **Build-A-Bear**- Children will make their own stuffed animal right here at TLC! The Build-A-Bear team will come to us to create a special experience and "friend" for your child.
- **Little Racers**- An action-packed bumper car experience right here at TLC! Children will enjoy a large inflatable bumper car arena, Hot Wheels races, remote control car races, slot cars, Gaga Ball and more!
- **Carnival**- Our yearly, end of summer party includes games, music, and fun carnival snacks.



June/July 2024

Sunday	Monday	Tuesday	Weds.	Thursday	Friday	Saturday
June	24 Music	25 Basketball	26 Art	27 Art	28	29
July	30	1 Music	2 Basketball	3 Soccer Shots Art	4 CLOSED FOR FOURTH OF JULY	5 6
7	8 Music	9 Basketball	10 Soccer Shots Art	11 Art	12 Little Racers 10:30-1:30 Soccer Shots	13
14	15 Music	16 Bubbles & Air-Mad Science 11-12:30 Basketball	17 Soccer Shots Art	18 Art	19 Soccer Shots	20
21	22 Music	23 Dinosaurs Rock Show Basketball	24 Soccer Shots Art	25 Art	26 Pony Tales Petting Zoo Soccer Shots	27
28	29 Music	30 Basketball	31 Soccer Shots Art			



WATER PLAY EVERY DAY- Weather Permitting.

*Calendar is Subject to Change.

August 2024

Sunday	Monday	Tuesday	Weds.	Thursday	Friday	Saturday
				1 Art	2 Color Wars Soccer Shots	3
4	5 Music	6 Dinosaurs Rock-Oceans Basketball	7 Soccer Shots Art	8 Art	9 Build-a-Bear Soccer Shots	10
11	12 Music	13 Basketball	14 Soccer Shots Art	15 Art	16 Carnival! Soccer Shots	17
18	19	20	21	22	23	24
C L O S E D F O R V A C A T I O N W E E K						
25	26	27	28	29	30	31

WATER PLAY EVERY DAY- Weather Permitting.

***Calendar is Subject to Change.**

