

2025

# SUMMER CAMP

at Merrick Avenue

Pre-K  
Ages 4-5



TLC Merrick  
1731 Merrick Avenue  
Merrick, NY 11566





# Merrick Ave Summer Program 2025

## Pre-k, Ages 4-5

**Tuition**-The summer program runs from **June 23-August 15, 2025.**

\*There are no refunds due to vacations or absences.

**(A) Please select a weekly option:**  
(Prices reflect the cost for the 7-week summer program.)

- 2 Days**                      \$2,000
- 3 Days**                      \$3,000
- 4 Days**                      \$3,800
- 5 Days**                      \$4,200

**(B) UPK ONLY: If you would like to add the week of June 23-27, 2025, please check this box and make your selection.**

- Two Days (Add an Additional \$260)
- Three Days (Add an Additional \$360)
- Four Days (Add an Additional \$450)
- Five Days (Add an Additional \$500)

**(C) Please check the days and time your child will attend- complete the next section if you need more hours:**

- Monday                       7am-3pm                       Other Times up to 8 Hours \_\_\_\_\_
- Tuesday                       8am-4pm                      (TLC is open 7am-6pm).
- Wednesday                       8:30am-4:30pm
- Thursday                       9am-5pm
- Friday

**(D) If you would like to add additional hour(s)/day, please make your selections:**

- One additional hour/day (Add an Additional \$400 for 7 weeks)
  - 7am-4pm    8am-5pm    9am-6pm    Other \_\_\_\_\_
- Two additional hours/day (Add an Additional \$750 for 7 weeks)
  - 7am-5pm    8am-6pm    Other \_\_\_\_\_
- Three additional hours/day (Add an Additional \$1,000 for 7 weeks)
  - 7am-6pm

**TOTAL Cost (A+B+D) \$** \_\_\_\_\_

The above fees include breakfast (must arrive before 8:45am), snacks, and lunch plus all activities listed on the calendars\*. For activity descriptions, please see Page 6. Each camper must bring a refillable water bottle daily.

\*Calendars subject to change.

**Please hand this entire form in with payment. If your child does not currently attend TLC, please complete Pages 2-5 as well. Payments are due by April 25, 2025.**

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Parent's Phone Number \_\_\_\_\_ Parent's Email \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Enclosed \$ \_\_\_\_\_  Venmo sent to @Francina-Cerrone

Office Use Only

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

# Merrick Avenue Summer Program 2025- Registration Form Pre-k, Ages 4-5

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"/> Yes <input type="checkbox"/> No	( ) - <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	
<b>FOR PROGRAM USE ONLY</b>		<b>FOR PROGRAM USE ONLY</b>		
DATE OF ENROLLMENT: / /		DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:	DATE OF BIRTH: / /
<b>Check boxes below to indicate if your child has any special needs/services:</b>	
<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"/> None	
<input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____	
Please provide information here <b>AND</b> 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: ( ) -
<b>Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b>	
<b>AGREEMENTS</b>	
• 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 Assistant or Nurse Practitioner**

Name of Child: _____	Date of Birth: / /	Date of Examination: / /
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**Immunizations required for entry into day care**

**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).  Yes  No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> 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) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Is medication regularly taken? (Specify drug and condition) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Is a special diet required? (Specify diet and condition) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Are there any hearing, visual or dental conditions requiring special attention? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Are there any medical or developmental conditions requiring special attention? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

**Summary of Physical Exam**

Include special recommendations to child day care providers

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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

# Merrick Avenue Summer Program 2025

## Activity Descriptions

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**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 from Bee Sports 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!

**Karate** Goshinkan Ju-Jitsu Dojo / Family Self Defense Center instructors will come to TLC to teach a martial arts class featuring fun karate games, martial art instruction, and much more.

### 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.
- **Ceramics** -A fun class allowing children to explore their creativity while learning hands-on ceramic painting techniques.
- **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.
- **Carnival**- Our yearly, end of summer party includes games, music, and fun carnival snacks.



# July 2025

\*Weather permitting, children will enjoy daily waterplay!

Sunday	Monday	Tuesday	Weds.	Thursday	Friday	Saturday
29	30 Dino Mud Play	1 Dinosaurs Rock Show	2 Soccer Shots	3 Karate Basketball	4 <b>CLOSED FOR FOURTH OF JULY</b>	5
6	7 Making Sun Catchers	8 Bugs Scavenger Hunt Music	9 Soccer Shots	10 Karate Basketball	11 Time to Slime	12
13	14 Yarn Dream Catcher	15 Bubbles and Air Show 9:30-10am Music	16 Soccer Shots	17 Karate Basketball	18 Obstacle Course and Parachute Fun	19
20	21 Reptile Show	22 Music	23 Soccer Shots	24 Karate Basketball	25 Pony Tales Petting Zoo 9-10am	26
27	28 Ceramics	29 Making Friendship Bracelets Music	30 Soccer Shots	31 Karate Basketball		



\*Calendar is Subject to Change.



# August 2025

\*Weather permitting, children will enjoy daily waterplay!

Sunday	Monday	Tuesday	Weds.	Thursday	Friday	Saturday
					1 Tie-Dye Fun	2
3	4 Making Picture Frames	5 Build-a-Bear 10-11am Music	6 Crazy Sock Day Soccer Shots	7 Karate Basketball	8 Fish Bowls	9
10	11 Making Lava Lamps	12 Music	13 Crazy Hair Day Soccer Shots	14 Karate Basketball	15 Carnival!	16
17	18	19	20	21	22	23
<b>C L O S E D F O R V A C A T I O N W E E K</b>						
24 31	25	26	27	28	29	30



\*Calendar is Subject to Change.