



JULY 3-
AUGUST 18

SUMMER CAMP AT TLC

PRE-K



Every Day is an
Adventure!

TLC Merrick
1731 Merrick Avenue
Merrick, NY 11566

www.tlcmerrick.com



Merrick Avenue Pre-k Summer Program 2023

Tuition-The summer program runs from July 3-August 18, 2023. *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.)

- | | |
|--|---------|
| <input type="checkbox"/> 2 Days | \$1,680 |
| <input type="checkbox"/> 3 Days | \$2,400 |
| <input type="checkbox"/> 4 Days | \$2,900 |
| <input type="checkbox"/> 5 Days | \$3,500 |

(B) Please select the days your child will attend:

- | |
|------------------------------------|
| <input type="checkbox"/> Monday |
| <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Friday |

(C) Please select the time your child will attend:

- | | | |
|----------------------------------|--|----------------------------------|
| <input type="checkbox"/> 7am-3pm | <input type="checkbox"/> 8:30am-2:30pm | <input type="checkbox"/> 9am-3pm |
| <input type="checkbox"/> 8am-2pm | <input type="checkbox"/> 8am-4pm | <input type="checkbox"/> 9am-5pm |

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

- | |
|---|
| <input type="checkbox"/> One additional hour/day (Add an Additional \$175) |
| <input type="checkbox"/> 7am-4pm <input type="checkbox"/> 8am-5pm |
| <input type="checkbox"/> Two additional hours/day (Add an Additional \$250) |
| <input type="checkbox"/> 7am-5pm <input type="checkbox"/> 8am-6pm |

TOTAL Cost (A+D) \$ _____

The above fees include breakfast (must arrive before 8:30am), lunch, and snacks plus all activities listed on the calendars. For activity descriptions, please see Page 9.*

**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 21, 2023.

Child's Name _____

Parent Signature _____ Date _____

☐ Payment Enclosed \$ _____

Office Use Only

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

Merrick Avenue Pre-k Summer Program 2023 Registration Form

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Child's Name _____ **Date of Birth** _____

Street Address _____

City, State & Zip _____ Sex: Male or Female

Known Allergies (food/medicine) _____

Mother's Name _____

Street Address _____

City, State & Zip _____

Home Phone _____

Cell Phone _____

Email _____

Employer _____

Work Address _____

Work Phone _____

Father's Name _____

Street Address _____

City, State & Zip _____

Home Phone _____

Cell Phone _____

Email _____

Employer _____

Work Address _____

Work Phone _____

Emergency Contacts that are ALSO ALLOWED TO PICK UP YOUR CHILD

Name _____

Relationship _____

Street Address _____

City, State & Zip _____

Home Phone _____

Cell Phone _____

Name _____

Relationship _____

Street Address _____

City, State & Zip _____

Home 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: / /	GENDER:
	CHILD'S HOME ADDRESS:				
	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		
• 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:
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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.

Merrick Avenue Pre-k Summer Program 2023

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 on random days (weather permitting)!!

Music Mr. Frankie will be working with the children to expose them to different genres of music and basic chords on the guitar. He will also work with the children on singing and gaining vocal confidence.

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

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.
- **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 2023

Sunday	Monday	Tuesday	Weds.	Thursday	Friday	Saturday
						1
2	3 4th of July Party	4 CLOSED Happy 4th of July!	5 Soccer	6 Karate	7 Soccer	8
9	10 Music	11 Scavenger Hunt	12 Soccer	13 Karate	14 Bubbles & Air- Mad Science Soccer	15
16	17 Music	18 Ice Cream	19 Soccer	20 Karate	21 Soccer	22
23	24 Music	25 Dinosaurs Rock	26 Soccer	27 Karate	28 Soccer	29

*Calendar is Subject to Change.



August 2023

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

*Calendar is Subject to Change.

