

2025

SUMMER CAMP

at Merrick Avenue

Twaddlers and Toddlers
Ages 18 Months-3 Years



TLC Merrick
1731 Merrick Avenue
Merrick, NY 11566

WINNER





Merrick Avenue Summer Program 2025 Twaddlers + Toddlers (18 months-3 years)

Tuition-The summer program runs from **June 30- August 15, 2025**. 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"/> Tuesdays	Music	\$75
<input type="checkbox"/> Wednesdays	Soccer	\$120
<input type="checkbox"/> Thursdays	Basketball	\$75

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 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



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	\$1,100	\$975	\$850
3 Days Per Week	\$1,420	\$1,310	\$1,125
4 Days Per Week	\$1,750	\$1,535	\$1,330
5 Days Per Week	\$2,050	\$1,825	\$1,710

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	+/- \$85 Per Hour	+/- \$80 Per Hour	+/- \$75 Per Hour
3 Days Per Week	+/- \$125 Per Hour	+/- \$115 Per Hour	+/- \$105 Per Hour
4 Days Per Week	+/- \$165 Per Hour	+/- \$150 Per Hour	+/- \$135 Per Hour
5 Days Per Week	+/- \$205 Per Hour	+/- \$185 Per Hour	+/- \$165 Per Hour

Merrick Avenue Summer Program 2025 Twaddlers + Toddlers (18 months-3 years)

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	
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 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 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

Merrick Avenue Summer Program 2025- 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.

Art Children will enhance their creativity, fine motor skills, and self-expression through painting, drawing, and sensory play.

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!

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	1 Dinosaurs Rock Show	2 Soccer Shots	3 Basketball	4 CLOSED FOR FOURTH OF JULY	5
6	7 Arts & Crafts	8 Music	9 Soccer Shots	10 Basketball	11 Arts & Crafts	12
13	14 Arts & Crafts	15 Bubbles and Air Show 9:30-10am	16 Soccer Shots	17 Basketball	18 Arts & Crafts	19
20	21 Reptile Show	22 Music	23 Soccer Shots	24 Basketball	25 Pony Tales Petting Zoo 9-10am	26
27	28 Ceramics 10-11am	29 Music	30 Soccer Shots	31 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 Sun Catchers	5 Build-a-Bear 10-11am Music	6 Soccer Shots	7 Basketball	8 Arts & Crafts	9
10	11 Arts & Crafts	12 Music	13 Soccer Shots	14 Basketball	15 Carnival!	16
17	18	19	20	21	22	23
C L O S E D F O R V A C A T I O N W E E K						
24 31	25	26	27	28	29	30



*Calendar is Subject to Change.