TLC
Teaching Little Children Through Play

JULY 3-
AUGUST 18

Summer Camp at TLC

AGES 1&2

Every Day is an Adventure!

TLC Merrick & Brookside
1731 Merrick Ave
1260 Meadowbrook Road
Merrick, NY 11566

www.tlcmerrick.com

Merrick Ave/ Brookside Summer Program 2023
1 & 2 Year Olds

Child's Name _____

Please select the days and hours in which your child will attend TLC over the summer. If your child does not currently attend TLC, you will also need to complete pages 4-7. Monthly tuition rates can be found on the following pages.

☐ **My child's schedule will remain the same.**

OR

☐ **My child will attend the following days:**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

AND

My child will attend the following hours:

6-Hour Days

☐ 8am-2pm
☐ 8:30am-2:30pm
☐ 9am-3pm

8-Hour Days

☐ 7am-3pm
☐ 8am-4pm
☐ 9am-5pm

Please select the activities in which your child will participate. A description can be found on Page 3.

Day of Week	Activity	Cost per Student (In addition to monthly tuition)
☐ M-TH-F	Waterplay (weather permitting)	No extra cost
☐ Tuesdays	Music	$50
☐ Wednesdays	Soccer (Brookside Only)	$100
	TOTAL	**$**_____

Please hand this entire form in with payment in the tuition envelope on the office door. Payments are due by Friday, April 21, 2023.

Parent Signature_____ Date _____

☐ Payment Enclosed $_____

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.

8-hour days, 5 days a week

Infants	Toddlers	Nursery/ Pre-k
$1,805	$1,605	$1,505

9-hour days, 5 days a week

Infants	Toddlers	Nursery/ Pre-k
$1,905	$1,675	$1,555

10-hour days: 7:00am-5:00pm OR 8:00am-6:00pm.
An additional hour per day costs $125 per month.

	Infants	Toddlers	Nursery/ Pre-k
2 Days	$1,055	$975	$865
3 Days	$1,325	$1,225	$1,065
4 Days	$1,605	$1,435	$1,295
5 Days	$1,915	$1,715	$1,585

Reduced Hours

8-hour days: 7:00am-3:00pm, 8:00am-4:00pm, OR 9:00am-5:00pm ONLY.

	Infants	Toddlers	Nursery/ Pre-k
2 Days	$970	$860	$750
3 Days	$1,250	$1,150	$990
4 Days	$1,540	$1,350	$1,170

6-hour days: 9:00am-3:00pm, 8:30am-2:30pm, OR 8:00am-2:00pm ONLY.

	Infants	Toddlers	Nursery/ Pre-k
2 Days	$830	$775	$690
3 Days	$1,030	$955	$835
4 Days	$1,255	$1,115	$955
5 Days	$1,465	$1,265	$1,115

Water play: Every Monday, Thursday, and Friday please send your child 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.

IF YOUR CHILD DOES NOT CURRENTLY ATTEND TLC, PLEASE COMPLETE THESE FORMS

Merrick Ave/Brookside Summer Program 2023- Registration Form (For Children Ages 1&2)

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 _____

OCFS-LDSS-0792 (08/2019) FRONT

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: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____ ☐ Other _____

PHONE NUMBER(S) OF PERSON ENROLLING CHILD:
( ) - ☐ ok to text

EMAIL ADDRESS:

ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):

EMERGENCY INFO

EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
PRIMARY CONTACT:	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text

FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /	***FOR PROGRAM USE ONLY*** DATE OF DISENROLLMENT: / /

OCFS-LDSS-0792 (08/2019) REVERSE

CHILD'S FULL NAME:	DATE OF BIRTH: / /

Check boxes below to indicate if your child has any special needs/services: ☐ None

☐ Early Intervention/Special Education ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy

☐ Allergies (Please list) _____

☐ 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..... ☐ Yes ☐ 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..... ☐ Yes ☐ No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... ☐ Yes ☐ No
- I provided information on my child's special needs to the program to assist in caring for my child..... ☐ Yes ☐ No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... ☐ Yes ☐ No
- I agree to review and update this information whenever a change occurs and at least once every year..... ☐ Yes ☐ 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)	1st Date	2nd Date	3rd Date	4th Date	5th Date
Polio (IPV or OPV)	1st Date	2nd Date	3rd Date	4th Date	
Haemophilus influenzae type B (Hib)	1st Date	2nd Date	3rd Date	4th Date **OR** 1st Date (if given on or after 15 months of age)	
Pnuemococcal Conjugate (PCV) for those born on or after 1/1/08)	1st Date	2nd Date	3rd Date	4th Date	
Hepatitis B	1st Date	2nd Date	3rd Date		
Measles, Mumps and Rubella (MMR)	1st Date	2nd Date			
Varicella (also known as Chicken Pox)	1st Date	2nd 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)	☐ Yes ☐ No	
Is medication regularly taken? (Specify drug and condition)	☐ Yes ☐ No	
Is a special diet required? (Specify diet and condition)	☐ Yes ☐ No	
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes ☐ No	
Are there any medical or developmental conditions requiring special attention?	☐ Yes ☐ 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.