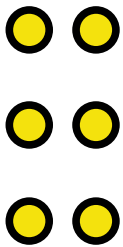


2026

# SUMMER CAMP

at Merrick Avenue



Summer  
Only  
Students



TLC Merrick  
1731 Merrick Avenue  
Merrick, NY 11566





# Merrick Ave Summer Program 2026

## Summer Only Students

**Tuition**-The summer program runs from **June 29-August 21, 2026.**

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

**(A) Please select a weekly option:**

*(Prices reflect the cost for the 8-week summer program.)*

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

**(B) 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

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

- ☐ One additional hour/day (Add an Additional \$400 for 8 weeks)

☐ 7am-4pm ☐ 8am-5pm ☐ 9am-6pm ☐ Other \_\_\_\_\_

- ☐ Two additional hours/day (Add an Additional \$750 for 8 weeks)

☐ 7am-5pm ☐ 8am-6pm ☐ Other \_\_\_\_\_

Three additional hours/day (Add an Additional \$1,000 for 8 weeks)

☐ 7am-6pm

**TOTAL Cost (A+C) \$** \_\_\_\_\_

*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 24, 2026.**

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

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

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

☐ Payment Enclosed \$ \_\_\_\_\_ ☐ Venmo sent to @tlcmerrick

Office Use Only

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

# Merrick Avenue Summer Program 2026

## Summer Only Registration Form

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**

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

|                                                                                                                                                                                                                |  |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------|
| CHILD'S FULL NAME:                                                                                                                                                                                             |  | DATE OF BIRTH:<br>/    /                                 |
| <b>Check boxes below to indicate if your child has any special needs/services:</b> <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) _____<br><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:<br>(    )    -                             |
| PREFERRED HOSPITAL:                                                                                                                                                                                            |  | PHONE NUMBER:<br>(    )    -                             |
| CHILD'S DENTAL CARE:                                                                                                                                                                                           |  | PHONE NUMBER:<br>(    )    -                             |
| <b>Child health care information is available by calling toll-free 1-800-698-4543 or<br/>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:<br>/    /                                          |

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: _____<br>/ / | Date of Examination: _____<br>/ / |
|----------------------|-----------------------------|-----------------------------------|

**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<br>/ / | 2 <sup>nd</sup> Date<br>/ / | 3 <sup>rd</sup> Date<br>/ / | 4 <sup>th</sup> Date<br>/ /                                                                        | 5 <sup>th</sup> Date<br>/ / |
| Polio (IPV or OPV)                                                                            | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / | 3 <sup>rd</sup> Date<br>/ / | 4 <sup>th</sup> Date<br>/ /                                                                        |                             |
| Haemophilus influenzae type B (Hib)                                                           | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / | 3 <sup>rd</sup> Date<br>/ / | 4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age)<br>/ / |                             |
| Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)                               | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / | 3 <sup>rd</sup> Date<br>/ / | 4 <sup>th</sup> Date<br>/ /                                                                        |                             |
| Hepatitis B                                                                                   | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / | 3 <sup>rd</sup> Date<br>/ / |                                                                                                    |                             |
| Measles, Mumps and Rubella (MMR)                                                              | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / |                             |                                                                                                    |                             |
| Varicella (also known as Chicken Pox)                                                         | 1 <sup>st</sup> Date<br>/ / | 2 <sup>nd</sup> Date<br>/ / |                             |                                                                                                    |                             |

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

|                             |                    |                             |                    |
|-----------------------------|--------------------|-----------------------------|--------------------|
| Type of Immunization: _____ | Date: _____<br>/ / | Type of Immunization: _____ | Date: _____<br>/ / |
| Type of Immunization: _____ | Date: _____<br>/ / | Type of Immunization: _____ | Date: _____<br>/ / |
| Type of Immunization: _____ | Date: _____<br>/ / | Type of Immunization: _____ | Date: _____<br>/ / |

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

**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

|                                |                                             |
|--------------------------------|---------------------------------------------|
| _____<br>Signature of Examiner | _____<br>Address                            |
| _____<br>Please Print Name     | _____<br>City, State, Zip                   |
| _____<br>Title                 | (     )     -     /     /<br>Phone     Date |

# Merrick Ave Summer Program 2026- Activity Descriptions

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**Music:** The Charming Christine combines song, dance, and rhythm in an interactive musical experience.

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

**Soccer Shots:** Children will learn the fundamentals of soccer. This special helps develop self-esteem, teamwork, communication, and respect.

**Kid Strong:** A science based kids training program that builds strength and confidence. (3+)

**Karate:** Sensei Jon from Goshinkan will be tutoring the campers in the ancient art of Karate, through striking, defense, and agility. (3+)

## In-House Specials

- **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.
- **Water Play:** Offered daily - Please send your children in with their bathing suits & beach bags every Monday. They should have extra clothes, towel and water shoes. Beach Bags will be sent home at the end of the week.
- **Vinny Voltage:** Be ready for a shockingly good time where Vinny Voltage delivers electrifying experiences through hands on science experiments, sparking curiosity and wonder.
- **Coach Mike:** Our resident coach will be offering a weekly sport program.
- **Reptiles:** All of campers get the chance to see, touch, and hold exotic and scaly creatures from a far off land.
- **Enrichment Program:** Children will spend 2 hours every Tuesday - Thursday focusing on reading, writing, science, and social studies to keep them fresh and ready for September. (4+)
- **Magnificent Magician:** Flashy tricks, sleight of hand, and wondrous sights, TLC is having our very own magician perform for campers of all ages.

# July 2026

- \*Weather permitting, children will enjoy daily
- Water Play
  - Extra Sports
- \*The Enrichment program will be every Tue-Thu

| Sunday | Monday      | Tuesday                           | Weds.             | Thursday                     | Friday                                | Saturday |
|--------|-------------|-----------------------------------|-------------------|------------------------------|---------------------------------------|----------|
| 28     | 29<br>Music | 30<br>Coach Mike                  | 1<br>Kids Strong  | 2<br>Karate Art              | 3<br><b>CLOSED FOR FOURTH OF JULY</b> | 4        |
| 5      | 6<br>Music  | 7<br>Coach Mike                   | 8<br>Kids Strong  | 9<br>Karate Art              | 10<br>Soccer Shots                    | 11       |
| 12     | 13<br>Music | 14<br>Coach Mike<br>Vinny Voltage | 15<br>Kids Strong | 16<br>Karate Art             | 17<br>Soccer Shots                    | 18       |
| 19     | 20<br>Music | 21<br>Coach Mike                  | 22<br>Kids Strong | 23<br>Karate Art<br>Magician | 24<br>Soccer Shots<br>Vinny Voltage   | 25       |
| 26     | 27<br>Music | 28<br>Coach Mike                  | 29<br>Kids Strong | 30<br>Karate Art             | 31<br>Soccer Shots                    |          |

\*Calendar is Subject to Change.



# August 2026

- \*Weather permitting, children will enjoy daily
  - Water Play
  - Extra Sports
- \*The Enrichment program will be every Tue-Thu

| Sunday                   | Monday                     | Tuesday                           | Weds.            | Thursday                            | Friday             | Saturday |
|--------------------------|----------------------------|-----------------------------------|------------------|-------------------------------------|--------------------|----------|
|                          |                            |                                   |                  |                                     |                    | 1        |
| 2                        | 3<br>Reptile Show<br>Music | 4<br>Coach Mike                   | 5<br>Kid Strong  | 6<br>Karate<br>Art                  | 7<br>Soccer Shots  | 8        |
| 9                        | 10<br>Music                | 11<br>Coah Mike<br>Vinny Voltage  | 12<br>Kid Strong | 13<br>Karate<br>Art<br>Build a Bear | 14<br>Soccer Shots | 15       |
| 16                       | 17<br>Music                | 18<br>Coach Mike<br>Vinny Voltage | 19<br>Kid Strong | 20<br>Carnival                      | 21<br>Soccer Shots | 22       |
| 23<br>30                 | 24<br>31                   | 25                                | 26               | 27                                  | 28                 | 29       |
| CLOSED FOR VACATION WEEK |                            |                                   |                  |                                     |                    |          |

\*Calendar is Subject to Change.



**TLC Day Care  
Summer Program Off-Site Activity Permission Slip  
TLC Day Care  
1731 Merrick Ave  
Merrick, NY 11566**

**Summer Program Dates: June 29 – August 21, 2026**

**During our Summer Program, children will participate in a weekly extracurricular activity located across the street from our facility. Children will walk with TLC Day Care staff members to and from the activity location under direct supervision.**

**Child's Name:**

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**Parent/Guardian Name:**

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**Emergency Contact Phone:**

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**Medical Conditions/Allergies (if any):**

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**I, the undersigned parent/guardian, give permission for my child to participate in the weekly off-site extracurricular activity during the TLC Day Care Summer Program (June 29 – August 21, 2026). I understand that my child will be supervised by TLC Day Care staff at all times while walking to and from the location and during the activity.**

**I acknowledge that participation in off-site activities involves inherent risks. I voluntarily assume all such risks and agree to release and hold harmless TLC Day Care, its owners, employees, and agents from any and all liability, claims, or demands arising out of or related to my child's participation in this activity, except in cases of gross negligence or willful misconduct.**

**Parent/Guardian Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**