



JULY 3-  
AUGUST 18

# SUMMER CAMP AT TLC



TODDLERS &  
NURSERY



## Every Day is an Adventure!

TLC Merrick  
1731 Merrick Avenue  
Merrick, NY 11566

.....  
[www.tlcmerrick.com](http://www.tlcmerrick.com)



# Merrick Avenue Toddlers & Nursery

## Summer Program 2023

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

8-Hour Days

☐ 8am-2pm

☐ 7am-3pm

☐ 8:30am-2:30pm

☐ 8am-4pm

☐ 9am-3pm

☐ 9am-5pm

Please select the activities in which your child will participate.

A description of each activity can be found on Page 8.

Day of Week	Special Activity	Cost per Student (In addition to monthly tuition)
<input type="checkbox"/> Mondays	Music	\$50
<input type="checkbox"/> Tuesdays	Specials (See Page 9)	\$75
<input type="checkbox"/> Wednesdays	Soccer	\$100
<input type="checkbox"/> Thursdays	Waterplay	No Extra Cost
<input type="checkbox"/> Fridays	Fun Friday!	\$75
<input type="checkbox"/> Fridays	Soccer	\$100

Total Cost \$ \_\_\_\_\_

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

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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.**

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## 8-hour days, 5 days a week

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

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## 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
<b>2 Days</b>	\$970	\$860	\$750
<b>3 Days</b>	\$1,250	\$1,150	\$990
<b>4 Days</b>	\$1,540	\$1,350	\$1,170

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

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

## Merrick Avenue Summer Program 2023- Registration Form (For Toddlers and Nursery)

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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**

<b>PHOTO OF CHILD (Optional)</b>	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:					
<b>EMERGENCY INFO</b>	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
<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"/> 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 <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'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 <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) <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

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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

**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 Summer Program 2023

## 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 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.

### 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 <b>CLOSED</b> Happy 4th of July!	5 Soccer	6 Waterplay	7 Soccer	8
9	10 Music	11 Scavenger Hunt	12 Soccer	13 Waterplay	14 Bubbles & Air-Mad Science  Soccer	15
16	17 Music	18 Ice Cream	19 Soccer	20 Waterplay	21 Soccer	22
23	24 Music	25 Dinosaurs Rock	26 Soccer	27 Waterplay	28 Soccer	29

\*Calendar is Subject to Change.



# August 2023

Sunday	Monday	Tuesday	Weds.	Thursday	Friday	Saturday
		1	2	3	4	5
	Music	Baking	Soccer	Waterplay	Color Wars	
					Soccer	
6	7	8	9	10	11	12
	Music	Build-A-Bear	Soccer	Waterplay	Soccer	
13	14	15	16	17	18	19
	Music	Waterplay	Soccer	Waterplay	Carnival at TLC	
					Soccer	
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.

