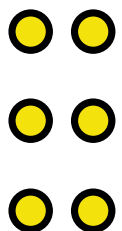


2026

# SUMMER CAMP

at Brookside



18 Months  
- 3 Years



TLC Brookside  
1260 Meadowbrook Road  
Merrick, NY 11566





# Brookside Summer Program 2026 18 Months - 3 Years

**Tuition**-The summer program runs from **June 29- August 21, 2026**. Monthly 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:**  
\*Select your desired days below in section C.

**(B)** **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

Other \_\_\_\_\_

(TLC is open 7am-6pm).

**(C)** **Please select the days your child will attending the summer program.** A description of each daily activity can be found on Page 7 along with all program activities.

Day of Week	Special Activity	Activity Fee for Summer Program
<input type="checkbox"/> Mondays	Music	5 Days: \$400
<input type="checkbox"/> Tuesdays	Art	4 Days: \$375
<input type="checkbox"/> Wednesdays	Soccer	3 Days: \$340
<input type="checkbox"/> Thursdays	Dance (July)	2 Days: 300
<input type="checkbox"/> Fridays	Soccer	

**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 24, 2026.**

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

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

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

Payment Enclosed \$ \_\_\_\_\_  Venmo sent to @tlcbrookside

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\***

**6 Weeks - 18 Months**      **18 Months - 3 Years**      **3 Years +**

2 Days Per Week	\$1,135	\$1,000	\$875
3 Days Per Week	\$1,460	\$1,350	\$1,160
4 Days Per Week	\$1,800	\$1,580	\$1,370
5 Days Per Week	\$2,110	\$1,880	\$1,760

## Reduced OR Additional Hours

For each additional or reduced hour, add or deduct the amount from the monthly tuition amount.

**6 Weeks - 18 Months**      **18 Months - 3 Years**      **3 Years +**

2 Days Per Week	+/- \$80 Per Hour	+/- \$75 Per Hour	+/- \$70 Per Hour
3 Days Per Week	+/- \$120 Per Hour	+/- \$110 Per Hour	+/- \$100 Per Hour
4 Days Per Week	+/- \$160 Per Hour	+/- \$145 Per Hour	+/- \$130 Per Hour
5 Days Per Week	+/- \$200 Per Hour	+/- \$180 Per Hour	+/- \$160 Per Hour

# Brookside Summer Program 2026

## 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	
<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 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 <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)*



# Brookside Summer Program 2026- Activity Descriptions

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**Music:** The Charming Christine combines song, dance, and rhythm in an interactive musical experience. (3+)

**Art:** Children will enhance their creativity, fine motor skills, and self-expression through painting, drawing, and sensory play. (4+)

**Soccer Shots:** Children will learn the fundamentals of soccer. This special helps develop self-esteem, teamwork, communication, and respect. (2+)

**Dance:** Basic hip hop and dance skills to help your little one put the pep in their step. (2-4)

## **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. (4+)
- **Crafty Camper:** Campers will be practicing pragmatics where they will learn basic life skills from wood shop to knitting. (5+)
- **Drama:** Come one and all to witness the TLC LIVE! Children will embrace their inner thespian with acting lessons from an off Broadway actress, leading up to the TLC drama show at the end of summer. 4+
- **Coaches Mike and Dylan:** Our resident coaches will be offering a multisport program twice a week. (3+)
- **Game Truck:** Game on! Campers team up for some epic gamer fun. ( 5+)
- **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. (5+)

# July 2026

\*Weather permitting, children will enjoy daily\*

- Water Play
- Bounce House
- Track
- Extra Sports

Sunday	Monday	Tuesday	Weds.	Thursday	Friday	Saturday
28	29 Music Water Play	30 Art Water Play	1 Soccer Water Play	2 Dance Water Play	3 <b>CLOSED FOR FOURTH OF JULY</b>	4
5	6 Music Water Play	7 Art Water Play	8 Soccer Water Play	9 Dance Water Play	10 Soccer Water Play	11
12	13 Music Water Play	14 Art Water Play	15 Soccer Water Play	16 Dance Water Play	17 Soccer Water Play	18
19	20 Music Water Play	21 Art Water Play	22 Soccer Water Play	23 Dance Water Play Magician	24 Soccer Water Play	25
26	27 Music Water Play	28 Art Water Play	29 Soccer Water Play	30 Dance Water Play	31 Soccer Water Play	

\*Calendar is Subject to Change.

# August 2026

\*Weather permitting, children will enjoy daily\*

- Water Play
- Bounce House
- Track
- Extra Sports

Sunday	Monday	Tuesday	Weds.	Thursday	Friday	Saturday
						1
2	3 Music Water Play Reptile Show	4 Art Water Play	5 Soccer Water Play	6 Dance Water Play	7 Soccer Water Play	8
9	10 Music Water Play	11 Art Water Play	12 Soccer Water Play	13 Build a Bear Water Play	14 Soccer Water Play	15
16	17 Music Water Play	18 Art Water Play	19	20 Carnival	21 Soccer Water Play	22
23	24	25	26	27	28	29
30	31	<b>C L O S E D F O R V A C A T I O N W E E K</b>				

\*Calendar is Subject to Change.