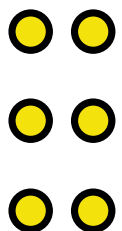


2026

SUMMER CAMP

at Brookside



TEACHING
LITTLE CHILDREN

Age 4



TLC Brookside
1260 Meadowbrook Rd
Merrick, NY 11566





Brookside Summer Program 2026 Age 4

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** \$2,200
- 3 Days** \$3,400
- 4 Days** \$4,300
- 5 Days** \$4,700

(B) Please check the days your child will attend:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

(C) Please select the time your child will attend:

- 7am-3pm 9am-5pm
- 8am-4pm Other Times up to 8 Hours _____
- 8:30am-4:30pm (TLC is open 7am-6pm).

(D) 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+D) \$

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 @tlcbrookside

Office Use Only

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

Brookside Summer Program 2026

Age 4

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"/> 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
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	
<ul style="list-style-type: none"> • 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)

Brookside Summer Program 2026- Activity Descriptions

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

*The Enrichment Program will be every Tue-Thu

Sunday	Monday	Tuesday	Weds.	Thursday	Friday	Saturday
28	29 Art Music Coach Mike	30 Art Drama	1 Soccer Shot Coach Mike	2 Dance	3 CLOSED FOR FOURTH OF JULY	4
5	6 Art Music Coach Mike	7 Art Drama	8 Soccer Shots Coach Mike	9 Dance	10 Soccer Shots Coach Dylan	11
12	13 Art Music Coach Mike	14 Art Drama Vinny Voltage	15 Soccer Shots Coach Mike	16 Dance	17 Soccer Shots Coach Dylan	18
19	20 Art Music Coach Mike	21 Art Drama	22 Soccer Shots Coach Mike	23 Dance Magician	24 Soccer Shots Vinny Voltage Coach Dylan	25
26	27 Art Music Coach Mike	28 Art Drama	29 Soccer Shots Coach Mike	30 Dance	31 Soccer Shots Coach Dylan	

*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 Reptile Show Music Art Coach Mike	4 Art Drama	5 Soccer Shots Coach Mike	6 Dance	7 Soccer Shots Coach Dylan	8
9	10 Art Music Coach Mike	11 Art Drama Vinny Voltage	12 Soccer Shots Coach Mike	13 Build a Bear	14 Soccer Shots Coach Dylan	15
16	17 Art Music Coach Mike	18 Drama Show Vinny Voltage	19 Soccer Shots Coach Mike	20 Carnival	21 Soccer Shots Coach Dylan	22
23 30	24 31	25	26	27	28	29
C L O S E D F O R V A C A T I O N W E E K						

*Calendar is Subject to Change.