



# Summer at Helen Troum Nursery School at TBS

## OUTDOOR/Indoor **Summer Camp**

June 26-August 18 for Children ages 2-6.

9 am-1 pm or 9 am-3 pm

8 Weeks of Fun and Learning, on our **Outdoor Playground and Indoor Classroom.**

- Arts and Crafts; story time
- Water play- sprinklers and lots of water fun
- Snacks and water provided; lunch brought from home- pizza day available for added cost once per week. Pizza forms will be available in April.



## Summer Camp 2023 Tuition

9 am-3 pm 5 Days one week  
age 3 at the beginning of camp add \$40 per week

Cost: \$300 (week of July 3 \$240) under

9 am-1 pm 5 Days one week  
age 3 at the beginning of camp add \$35 per week

Cost: \$250 (week of July 3 \$200) under

We can only offer 5 days. You may choose any weeks, but a minimum 2 week commitment is necessary. Deposit of one week's tuition due by May 1, 2023 with a completed registration form indicating weeks chosen.

Full payment is required by **Monday, July 3.** *There are NO MAKE UP DAYS AND NO REFUNDS*

Child's name \_\_\_\_\_ Age and DOB \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

Family email \_\_\_\_\_ Cell phone Number: \_\_\_\_\_

Check included \_\_\_\_ Or: Please send or mail to: TBS Nursery and Kindergarten 40-25 Fair Lawn Ave Fair Lawn, NJ 07410. Deposit must be received by May 1.

Or: Please charge my Credit Card (3% fee extra) \_\_\_\_

Credit Card Number \_\_\_\_\_ CCV# \_\_\_\_\_

## Weeks of Camp- Please indicate choice of week and time

*Please note that any changes to weeks chosen will require 2 weeks notice to us*

1. June 26-June 30	_1 pm	_3pm
2. July 3-July 7	_1 pm	_3pm (no Camp July 4-discounted price applies)
3. July 10-July 14	_1 pm	_3pm
4. July 17-July 21	_1 pm	_3pm
5. July 24-July 28	_1 pm	_3pm
6. July 31-August 4	_1 pm	_3pm
7. August 7- August 11	_1 pm	_3pm
8. August 14-August 18	_1pm	_3pm

### Children's Information

Child Name \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ gender \_\_\_\_\_

\_\_\_My child has no known allergies

\_\_\_My child has allergies (please list) \_\_\_\_\_

\_\_\_My child requires an Epi pen. I understand I must make one available to the school office, with an action plan.

### Emergency Contacts and Authorized Pickup

*Please notify the persons on your list so that they are aware that they are your child's emergency contact.*

Please list individuals that we can call in the event of an emergency, if we cannot reach you. Please check off any that are authorized to pick up your children. These people will be asked to provide identification when they arrive to pick up your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Authorized to pick up? \_\_\_yes \_\_\_no

\_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: home \_\_\_\_\_ cell \_\_\_\_\_

Authorized to pick up? \_\_\_\_yes \_\_\_\_no

\_\_\_\_\_  
**Child's Name:** \_\_\_\_\_

Please list any person PROHIBITED from picking up your child \_\_\_\_\_  
\_\_\_\_\_

### Medical Release Information

According to State Law, our school must have the services of a local hospital and physician available to us. Therefore, we have the services of **Valley Hospital Emergency Room** in Ridgewood available to us for the diagnosis and treatment of the children at any time. We have also made arrangements with **Pediatricare Associates** of Fair Lawn to treat our children should an emergency arise.

\_\_\_\_ I hereby give my consent for my child to be treated in an emergency by the **Valley Hospital Emergency Room** or by **Pediatricare Associates**, to perform all necessary procedures and render any indicated treatment, if in the opinion of said doctor the same is necessary, while he/she is under the Helen Troum Nursery School's jurisdiction.

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

Name of Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

### Family Information

**Parent 1** \_\_\_\_\_

Cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Email \_\_\_\_\_

**Parent 2** \_\_\_\_\_

Cell phone \_\_\_\_\_ work phone \_\_\_\_\_

Email \_\_\_\_\_

Home phone \_\_\_\_\_

**Siblings** (name(s) and age(s) \_\_\_\_\_

## Medical

Child's Doctor \_\_\_\_\_ phone\_\_\_\_\_

Address\_\_\_\_\_

Does your child have any special needs that we need to be aware of? Please explain\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A valid Universal Health form, dated 2023 must be on file for your child before camp begins. If your child is a student at TBS Nursery, we may have current forms on file. All immunizations must be current.

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

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

