



# Helen Trout Nursery School at TBS

Summer Camp June 27- August 19 (no camp July 4)

8 Themed Weeks of Fun and Learning, in our Air Conditioned Classrooms and Outdoor Playground, equipped with Sprinklers for Water Fun!

- Arts and crafts
- Cooking
- Nature
- Water play
- Movement
- Music
- Special visits and Fun days
- Possible trips for Pre K
- Hip Hop
- Lots more!

## Summer Camp 2016 Tuition

9am-1pm	4 Weeks	6 Weeks	8 Weeks
3 Days	\$720	\$1025	\$1300
5 Days	\$1150	\$1750	\$2100
9am-2pm			
3 Days	\$875	\$1280	\$1680
5 Days	\$1350	\$2000	\$2550
9 am-3 pm			
M, Wed, Thur	\$1030	\$1535	\$2060
5 Days	\$1550	\$2250	\$2950

A deposit of \$200 is required with a completed registration form by April 30. This deposit will be applied toward your summer tuition. Half the balance must be paid by June 27, the first day of camp. The 2nd half is due by July 25, 2016.

There are NO MAKE UP DAYS AND NO REFUNDS.

Applications received on or before April 30<sup>th</sup> will receive \$25 discount for 8 weeks; \$10 for 4 week.

# Helen Trout Nursery and Kindergarten

## Summer Camp Registration 2016

**Family Name:** \_\_\_\_\_

Check included \_\_\_\_

Please charge my Credit Card (2.5% fee extra) \_\_\_\_

Credit Card Number \_\_\_\_\_

### **Weeks of Camp:** *Choose Any or All*

	<b>Time (9-1 or -2 or -3 pm)</b>	<b>3 DAYS</b>	<b>5 DAYS</b>
Week 1	6/27-7/1	_____	_____
Week 2	7/5-7/08*	_____	_____
Week 3	7/11-7/15	_____	_____
Week 4	7/18- 7/22	_____	_____
Week 5	7/25- 7/29	_____	_____
Week 6	8/01-8/05	_____	_____
Week 7	8/08- 8/12	_____	_____
Week 8	8/15-8/19	_____	_____

\*No camp on July 4

### **Children's Information**

**Child** Name \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ sex \_\_\_\_\_

\_\_\_\_My child has no known allergies

\_\_\_\_My child has the following allergies \_\_\_\_\_

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

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Please note: Even if you are registered for TBS during the school year, you must fill out these forms and provide new medical forms

## Short Walk Permission

Strictly supervised short walks might be taken around and near the school premises occasionally during the school year. You need not notify me further concerning these trips.

Signature \_\_\_\_\_

## 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

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

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

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

\_\_\_\_\_  
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 address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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## Medical

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

Address \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Date \_\_\_\_\_