



190 Valley Blvd. Wood-Ridge, NJ 07075 (201) 933-2894 Email: vgracian@tlcps.org

SUMMER CAMP REGISTRATION FORM

In order for us to process this registration form, all information must be filled out; please print legibly.

\$50 Non-Refundable application fee is required with this form. Make checks payable to: TLC

Today's Date: _____ How did you hear about us? _____

Age on June 24 _____ Your child must be at least 2 ½ and completely potty-trained by June 24

Child's Full Name: _____
(First) (Middle) (Last)

Home Address: _____
(Street) (City) (Zip Code)

Sex (M/F): _____ Birth Date: ____/____/____

PRIMARY- Parental /Guardian Name: _____
(First) (Last)

Relationship to child: Mother _____ Father _____ Other _____

Address(if different from child's) : _____
(Street) (City) (Zip Code)

Cell Phone: _____ Work Phone: _____

Email: _____

SECONDARY- Parental /Guardian Name: _____
(First) (Last)

Relationship to child: Mother _____ Father _____ Other _____

Address(if different from child's) : _____
(Street) (City) (Zip Code)

Cell Phone: _____ Work Phone: _____

Email: _____



Parent/Guardian's Marital status: *Single* _____ *Married* _____ *Divorced* _____ *Widow (er)* _____

Financial responsibility: *All payment issues will be addressed to the Primary Parent/Guardian unless otherwise indicated here:*

Name: _____ **Relationship:** _____

Address(if different from above) : _____
(Street) (City) (Zip Code)

Cell Phone: _____ **Work Phone:** _____

Email: _____

PROGRAMS

Half Day and Full Day - 5 days of attendance per week.

Please indicate the program your child will attend.

PROGRAM	<input checked="" type="checkbox"/>
HALF DAY 8:30AM-11:30AM	<input type="checkbox"/>
FULL DAY 8:30AM-3:00PM	<input type="checkbox"/>
EXTENDED 8:30AM-6:30PM	<input type="checkbox"/>

PLEASE INDICATE THE WEEKS YOUR CHILD(REN) WILL BE ATTENDING TLC SUMMER CAMP

_____ My child(ren) will attend all 8 weeks of camp

PROGRAM	<input checked="" type="checkbox"/>
JUNE 24-28	<input type="checkbox"/>
JULY 1-5 (CLOSED ON JULY 4TH)	<input type="checkbox"/>
JULY 8-12	<input type="checkbox"/>
JULY 15-19	<input type="checkbox"/>
JULY 22-26	<input type="checkbox"/>
JULY 29-AUGUST 2	<input type="checkbox"/>
AUGUST 5-9	<input type="checkbox"/>
AUGUST 12-16	<input type="checkbox"/>

WEEKLY FIELD TRIPS

ONLY COMPLETE IF YOUR CHILD IS 5 OR 6 YEARS OLD

Get ready for a summer of adventure and exploration! We are thrilled to invite our 5 and 6-year-old campers at Transformation Learning Center to join our exciting on and off-campus field trips. We aim to make each trip a memorable experience that aligns with our weekly themes, ensuring a blend of fun and educational activities for our young learners. These field trips will not only engage and entertain but also complement the learning happening at camp.

Please note that the cost of the field trips chosen for your child will be added to the tuition. We believe these experiences will enrich your child's summer camp adventure, providing them with new perspectives and wonderful memories.

(Please note that if your child will be turning 5 years old during summer camp, they can join in the camp field trips after their birthday.)

PLEASE INDICATE WHICH FIELD TRIPS YOUR CHILD(REN) WILL BE ATTENDING

_____ MY CHILD(REN) WILL ATTEND ALL FIELD TRIPS

TLC SUMMER CAMP FIELD TRIPS	X
June 28: Five Senses Lab with Dr. Mo On-campus FREE	
July 5: Urban Air Off-campus \$38.00	
July 12: Weehawken Park Off-campus \$22.00	
July 19: TeamMakers NJ On-campus \$30.00	
July 26: Creative Me Workshop Off-campus \$20.00	
Aug 2: Meadowlands Gymnastics Off-campus \$40.00	
August 9: Catch Air Paramus Off-campus \$40.00	
August 16 TLC Carnival On-campus FREE	

List you child's shirt size below

T-Shirt Size: _____

(3T,4T, 5T, Kids Small, Kids Medium)

CHILD INFORMATION

Any allergies or dietary restrictions?

FOOD _____

OTHER _____

If yes, Allergy and Anaphylaxis Emergency Plan form must be completed.

Does your child have any medical condition other than allergies that requires special attention? YES _____ NO _____

If yes, please briefly describe condition here and complete a Care Plan for Children with Special Health Needs Form.

Is your child taking any medications? YES _____ NO _____

If yes, please list medication here. If medication must be administered to your child while at the Center, a Medication Authorization Form must be completed by your child's pediatrician.

Child's Primary Language _____

CONTRACT

1. I am enrolling my child for the Transformation Learning Center Summer Camp.
2. I understand that the application fee must be paid at the time of registration.
3. I agree to pay the subsequent month's tuition on or before the 25th of the preceding month or pay for the full summer camp on or before Monday, June 24.
4. I have read and agree to the Other Fees schedule attached to this contract.
5. I understand that my child may not attend without the proper fees being current. I understand that NO REFUNDS, CREDITS, OR ADJUSTMENTS will be made for any absences, including field trips: scheduled holidays, vacations, sick days, personal days, or Center closings due to weather or other emergencies.
6. I understand that my child must be fully toilet trained to be enrolled at TLC.
7. I acknowledge that I have received, understand, and agree to follow the Parent's Policies and Procedures.
8. By signing this agreement, I understand and agree that in the event I should fail to pay any balance due, I will be responsible for paying late fees and interest at 1.5% per month until the amount due is paid, plus reasonable attorney's fees.

Your signature constitutes acceptance of the terms and conditions listed above as well as those contained in the Parent's Policies and Procedures Manual.

Parent/ Legal Guardian's Name: _____ Date : _____

E-Signature: _____