



Super Summer Camp—2026

The Coolest Place to Be this Summer!

www.toddlersntotspreschool.com

AGES 5-11

REGISTER NOW! SPACE IS LIMITED! REVIEW THE ATTACHED CALENDAR WITH YOUR CHILD!



Pay activity fee in full by April 30 for 5% weekly discount

Sibling Discount = 10% off tuition

TRIPS ARE SUBJECT TO CHANGE



REGISTRATION FEE:

**PREVIOUSLY ENROLLED
CAMPERS**

NEW CAMPERS

REGISTRATION ACCEPTED UNTIL CAMP FILLS, DON'T DELAY!

NO FEE

\$100 PER FAMILY REQUIRED (One time. Non-refundable)

ACTIVITY FEES: (Non-refundable) Based on number of weeks your child will be attending

Must be paid in full by 6/5/26 Includes Trips, Visitors, Activities, and 2-3 Lunches per week,

**ACTIVITY FEES: 11 WEEKS = \$660.00 10 WEEKS = \$ 600.00 9 WEEKS = \$540.00 8 WEEKS = \$480.00
7 WEEKS = \$455.00 6 WEEKS = \$390.00 5 WEEKS = \$325.00 4 WEEKS = \$260.00**

WEEKLY TUITION: Tuition is billed at the beginning of each month and is due on or before the first Wednesday of each month – June Due 6/3, July Due 7/1, August due 8/5

WEEKLY TUITION RATES: 5 DAYS = \$260.00 4 DAYS = \$240.00 3 DAYS = \$210.00

FREE T-SHIRT ON YOUR CHILD'S FIRST DAY OF SUMMER CAMP TO BE WORN ON ALL TRIP DAYS

Activity Fee Amount (Deposit) Paid _____ Check # _____ Date Paid: _____
 Camper(s) Name: _____ Date of Birth: _____ Grade Completed June 2026 T Shirt Size: S, M, L

1. _____ / / _____
 2. _____ / / _____
 3. _____ / / _____

Camper(s) will begin attending on _____ Circle Days: M TU W TH F
 Time of Arrival _____ Time of Departure _____

Check which weeks your camper will attend Toddlers N Tots — Registration and Activity Fee or Deposit must be paid at time of Registration. Payments may be made until June 5, 2026 (See activity fees above)

ADDITIONS ONLY AFTER JUNE 30. YOU ARE RESPONSIBLE TO PAY FOR REGISTERED WEEKS

WEEKLY TUITION RATES: 5 DAYS PER WEEK = \$260.00 4 DAYS PER WEEK = \$240.00 3 DAYS PER WEEK = \$210.00

<i>JUNE</i>	<i>JULY</i>	<i>AUGUST</i>
____ June 15 - 19	____ July 6 - 10	____ August 3 - 7
____ June 22 - 26	____ July 13 - 17	____ August 10 - 14
____ June 29 - July 3	____ July 20 - 24	____ August 17 - 21
	____ July 27 - 31	____ August 24 - 28

I understand that there is no deduction in tuition of scheduled weeks for absences/illness or holidays. Toddlers N Tots reserves the right to deny, severe, cancel or suspend enrollment at any time TNT, in it's own discretion, deems such to be for the safety and well being of the children and staff. (No Lunch Heat Ups, Please)

Parent Signature: _____

Date: _____

TODDLERS N TOTS SUMMER CAMP APPLICATION AND INFORMATION

Camper's Name: _____ Birthdate: _____

Camper's Primary Address: _____

Mothers Name: _____ Work #: _____ Cell #: _____

Fathers Name: _____ Work #: _____ Cell #: _____

CONTACT NAME #1

CONTACT NAME #2

CONTACT NAME #3

RELATIONSHIP

RELATIONSHIP

RELATIONSHIP

CELL PHONE:

CELL PHONE:

CELL PHONE:

HOME PHONE:

HOME PHONE:

HOME PHONE:

EMPLOYER PHONE:

EMPLOYER PHONE:

EMPLOYER PHONE:

Persons (PROHIBITED) from picking up your child. If a parent has been denied access by a court, you must submit documentation to the center to comply with the order.

_____ Yes, I give permission for my child to be PHOTOGRAPHED during school hours, field trips, or activities and understand that photographs may be used in promoting Toddlers N Tots either in print or online.

_____ NO, I DO NOT give permission for my child to be PHOTOGRAPHED during school hours, field trips, or activities and understand that photographs may be used in promoting Toddlers N Tots

Child's Health Care Provider

Health Care Provider Phone #

Health Care Provider Address

Name of Insurance Company

Group #

Identification #

Subscriber's Name on Ins. Card

Known Allergies including medication

Medication my child is taking

List special Conditions, Disabilities,
Medical/Physical Restrictions,

I, _____ (print name) certify that my child is in good physical health and may participate in normal camp activities and has no condition or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or a care plan for children with special health needs. Toddlers 'N Tots will not assume responsibility for accidents, medical/dental or other expenses incurred as a result of an accident sustained during or as a result of any activity/instruction given to the camper by the staff. I hereby authorize Toddlers 'N Tots to act on my behalf according to their best judgment in any emergency requiring medical attention.

Parent Signature _____

Date: _____