

# Stay & Play Club

914-528-5600



Nancy A Brophy, Director

1949 E Main Street, Ste. 2  
Mohegan Lake, NY 10547

## Registration Form- School Year 2018-2019

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Email Address: \_\_\_\_\_ Male / Female

Elementary School Child attends: \_\_\_\_\_ Grade as of 9/18: \_\_\_\_\_

\*\*\*\*\* Code Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please write the last four digits of the mother's Social Security #-This will serve as your child's CODE NUMBER for dismissal. Please remember this number.

\*\*\*\*\* Child's Parents or Guardians \*\*\*\*\*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Cell #

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Work Number

\*\*\*\*\*

What days will your child attend?

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

BEFORE SCHOOL CARE: \_\_\_\_\_ (opens at 6:50 A.M.)

AFTER SCHOOL CARE:

Child will be picked up **Before:** \_\_\_\_\_ 4 p.m. \_\_\_\_\_ 5 p.m. \_\_\_\_\_ 6 p.m. (Facility closes at 6 p.m.)

Office use only:

Date Received: \_\_\_\_\_ Confirmed \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Sibling: \_\_\_\_\_

Does your child have any **allergies**?

\_\_\_\_\_

Does your child have any special needs?

\_\_\_\_\_

\_\_\_\_\_

What hobbies does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite things to do? \_\_\_\_\_

\_\_\_\_\_

Would your child be interested in learning a new hobby? \_\_\_Y/\_\_\_N

What type of activity? \_\_\_\_\_

Is there anything you feel we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

Did your child attend Tom Thumb Preschool? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did/does your child attend Dynamic Gymnastics? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your child attend Tom Thumb's summer camp ("Catch Us If You Can")? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did anyone else in your family attend Tom Thumb Programs? (who) \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*Tom Thumb and Dynamic Gymnastics Families have first preference for enrollment.

**Please understand the following:**

- 1) The Stay & Play Program follows the Lakeland School District Calendar. On half days a special program will be offered at an additional cost.
- 2) This is a well- child facility. This facility will administer only over-the counter Topical Ointments.
- 3) Please note that it is impossible for the Stay & Play Program to deduct for any absenteeism.
- 4) Tom Thumb sometimes uses group pictures of children (NO names included) in our brochure, newsletter articles, YouTube videos and our web site.
- 5) By providing your email address you give permission for Stay& Play/ Tom Thumb to send you notes and other information via email.
- 6) The Stay & Play program and the facility close at 6 p.m., if you should arrive later that 6 p.m. you will be charged an extra fee.
- 7) The parent who signs this form will be responsible for payment of all fees. **Payments are due one week before the month begins** if we do not receive the form and payments by the due date your child will not be accepted off the bus.
- 8) YOUR DEPOSIT OF \$50 which will be applied to September's payment must accompany this form, no registration fee is required.

I have read and agree to the above,

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Signature