

# Stay & Play Club

914-528-5600



On the campus

Nancy A Brophy, Director

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

## Registration Form- School Year 2017-2018

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 9/17: \_\_\_\_\_

\*\*\*\*\* 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 7 A.M.)

AFTER SCHOOL CARE:

Child will be picked up BY: \_\_\_\_\_ 4 p.m. \_\_\_\_\_ 5 p.m. \_\_\_\_\_ 6 p.m. (Facility closes at 6 p.m.)  
Slot A Slot B Slot C

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? \_\_\_\_\_

\_\_\_\_\_

**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**.
- 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