



A Terrific Twos Program

# Thumbelina

on the  Campus  
**REGISTRATION FORM 2018-2019**

Nancy Brophy  
Owner / Director  
Assistant Directors:  
Nancy Cappello, Lisa Cancro

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1949 E. Main St., Ste. 2  
Mohegan Lake, NY 10547  
914-528-5600

[www.tomthumbpreschool.com](http://www.tomthumbpreschool.com)  
Email:tomthumbcampus@gmail.com

\_\_\_\_\_  
Child's Last Name (please print)

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

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

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

Home Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Child's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_ Male / \_\_\_\_ Female

Mailing Address if different:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Friend, Neighbor or Sitter:

\_\_\_\_\_  
\_\_\_\_\_

Friend's Phone # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### Family Email Address:

(For notes, newsletters, notes from other parents etc)

\_\_\_\_\_

### CHILD'S AGE by September 2018:

\_\_\_\_ years \_\_\_\_ months

**\*\*\*CODE NUMBER** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
This 4 digit number will serve as your child's CODE NUMBER  
He/She will NOT be released from school without it. Please  
use the last four digits of the Mother's Social Security # -so  
you can easily remember it.

### SPECIFY PROGRAM AND SESSION DESIRED

**Half Day Sessions:** Mornings 9:00 a.m. - 11:50 a.m. Check one of the following:

\_\_\_\_ 2 half-days per week (Tues/Thurs) \_\_\_\_ 3 half-days per week (Mon/Wed/Fri) \_\_\_\_ 5 half-days per week (Mon - Fri)

**Full Day Program:** (9:00 A.M. - 3:00 P.M.) Check one of the following:

\_\_\_\_ 2 full-days per week (Tues/Thurs) \_\_\_\_ 3 full-days per week (Mon/Wed/Fri) \_\_\_\_ 5 full days per week (Mon - Fri)

**Before or After Care:** (If you may be interested in this please check the appropriate slots-You are **not** committing at this time to this program, this is just for our information)

**Before Care:** Arriving between \_\_\_\_ 7:00 - 7:30 AM \_\_\_\_ 7:31 - 8:00 AM \_\_\_\_ 8:00 - 8:30 am

**After School Care:** (Available only for those in the Full Day Program) \_\_\_\_ till 4:00pm / \_\_\_\_ 5:00pm / \_\_\_\_ 6:00 pm

For office use only: Date received: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_ Check # \_\_\_\_\_ Confirmed \_\_\_\_\_

Sibling \_\_\_\_ Sibling at Tom Thumb \_\_\_\_\_

**OVER**



Does your child receive special services? (For example: Speech, occupational therapy) \_\_\_ Yes \_\_\_ No

What type: \_\_\_\_\_

Do you have another child enrolled at Tom Thumb Preschool for the school year starting this September?

\_\_\_\_\_yes \_\_\_\_\_ no Child's Name: \_\_\_\_\_

Does your child have any allergies? (If so what type) \_\_\_\_\_

Have any of your older children attended Tom Thumb? \_\_\_yes \_\_\_no OR ThumBelina \_\_\_yes \_\_\_no

Names and ages of siblings: \_\_\_\_\_

\_\_\_\_\_

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-----Child's Parents or Guardians-----

Parent A

Parent B

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
(Cell phone #)

\_\_\_\_\_  
(Cell phone #)

\_\_\_\_\_  
(Occupation) \_\_\_past or \_\_\_present

\_\_\_\_\_  
(Occupation) \_\_\_past or \_\_\_present

\_\_\_\_\_  
(Employed by)

\_\_\_\_\_  
(Employed by)

Did either the child's Mother or Father attend Tom Thumb as a child? \_\_\_Yes Year \_\_\_\_\_ / \_\_\_\_\_

(If mother did what was her maiden name?)

If you are interested in being a part-time or substitute aide please indicate below. This would be during your child's session (but in a different class than your child) and would reduce your tuition.

\_\_\_\_\_YES, I am interested \_\_\_\_\_ NO, I am not interested

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Please understand the following:

- 1) We must be notified prior to August 15th if you are withdrawing your child, in order for us to refund 1/2 of your deposit.
- 2) Your deposit will be forfeited if your child is withdrawn after our session begins.
- 3) Please note that it is impossible for Tom Thumb to deduct for any absenteeism.
- 4) As requested by our parents, we will prepare class lists with your child's name, address and phone # to be distributed in his/her class for the purpose of birthday parties, and/or play dates outside of school.
- 5) Tom Thumb and ThumBelina sometimes use group pictures of children (NO names included) in our brochure, newsletter articles, YouTube videos and our web site.
- 6) By providing your email address you give permission for Tom Thumb to send you notes and for other parents to contact you.
- 7) Should a child's behavior become unsafe for the child or other children the Director has the right to determine if our facility can meet the needs of the child.
- 8) The parent who signs this form will be responsible for payment of all fees.
- 9) YOUR DEPOSIT OF \$100 which will be applied to June's tuition must accompany this form.

I have read and agree to the above,

\_\_\_\_\_

Signature of Parent

ThumBelina operates on an academic calendar (we follow Lakeland Central School District's calendar).

Tom Thumb will also offer a 7 week summer camp program for ThumBelina children.