



Thumbelina

A Terrific Twos Program

on the  Campus

Date: ___/___/___

REGISTRATION FORM FOR THE ACADEMIC CALENDAR 2019-2020

Your deposit of \$100 which will be applied to June's tuition must accompany this form.

914-528-5600

Email: tomthumbcampus@gmail.com

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

www.tomthumbpreschool.com

Nancy Brophy, Owner / Director

Assistant Directors:

Nancy Cappello, Lisa Cancro

Mailing Address if different:

Home Phone # _____ - _____ - _____

Family Email Address:

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

***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.

Child's Last Name (please print)

Child's First Name

Street Address

City

State

Zip

_____ Male / _____ Female

Child's Birthday: ___/___/___

CHILD'S AGE by September 2019:

_____ years _____ months

Name of Friend, Neighbor or Sitter:

Friend's Phone # _____ - _____ - _____

SPECIFY PROGRAM AND SESSION DESIRED

Half Day Sessions:- Mornings (9:10 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: (9:10 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 School Care: (If you may be interested in this program please check the appropriate slots--You are not committing at this time to this program, this is just for our information.)

Before School Care: _____ 6:50 am to 7:30 am-\$10 per day/ _____ 7:31 am to 7:59 am-\$8 per day/ _____ 8:00 am to 8:30-\$5 per day/ _____ after 8:31 am -\$2 per day

After School Care: (Available only for those in the 3:00 Dismissal Program)

Picked up by: _____ 4:00 pm-\$5 per day / _____ 5:00 pm-\$9 per day / _____ 6:00 pm -\$12 per day

OVER

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: _____

-----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 teacher/assistant please indicate below. This would be during your child's session (but in a different class than your child) and would reduce your tuition.

Teacher or Assistant YES, I am interested NO, I am not interested

Please understand the following:

- 1) We must be notified prior to August 1st if you are withdrawing your child, in order for us to refund your total deposit.
- 2) Your deposit will be forfeited if your child is withdrawn after our session begins.
- 3) Please note that it is impossible 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 our school 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.
- 10) ***This program is on an Academic (School) Calendar*** following Lakeland Central Schools.

I have read and agree to the above,

Please print parent's name

Signature of Parent

Tom Thumb Campus also offers a summer camp program.