



REGISTRATION FORM 2017-2018
PRESCHOOL SESSIONS

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

1949 E. Main St., Ste. 2
Mohegan Lake, NY 10547
www.tomthumbcampus@gmail.com

914-528-5600

Nancy Brophy, Director
Assistant Directors: Ann Gaspari
Nancy Cappello, Lisa Cancro

Mailing address if different:

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

Name of Friend, Neighbor or Sitter:

\_\_\_\_\_

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

Family Email Address: (For notes, newsletters, etc)

\_\_\_\_\_

CHILD'S AGE by September 2017:

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

Child's Last Name (please print)

\_\_\_\_\_

Child's First Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City State Zip

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

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

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

\*\*\*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.

PRESCHOOL SESSIONS: SPECIFY PROGRAM AND SESSION DESIRED

\_\_\_ JUNIOR STUDENT PROGRAM (a child who will be 3 years old by Nov. 30th and will attend kindergarten in Sept. 2019
(Children born in December may be considered on an individual basis.)

2:15 Dismissal Program (8:45-2:15): \_\_\_ 2 days per week (Tues/Thurs) \_\_\_ 3 days per week (M/W/F ) \_\_\_ 5 days per week (M-F)

3:15 Dismissal Program (8:45-3:15): \_\_\_ 2 days per week (Tues/Thurs) \_\_\_ 3 days per week (Mon/Wed/Fri) \_\_\_ 5 days per week (M-F)

\_\_\_ SENIOR STUDENT PROGRAM (a child who will be 4 years old by Nov. 30 and will attend kindergarten in Sept. 2018)

2:15 Dismissal Program (8:45-2:15): \_\_\_ 2 days per week (Tues/Thurs) \_\_\_ 3 days per week (M/W/F) \_\_\_ 5 days per week (M-F)

3:15 Dismissal Program (8:45-3:15): \_\_\_ 2 days per week (Tues/Thurs) \_\_\_ 3 days per week (Mon/Wed/Fri) \_\_\_ 5 days per week (M-F)

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: \_\_\_ 7:00 am to 8:45 am / \_\_\_ 8:00 am to 8:45am

After School Care: (Available only for those in the 3:15 Dismissal Program) \_\_\_ till 4:15pm / \_\_\_ 5:15pm / \_\_\_ 6:00 pm

OVER

For Office use only: Date Received: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_ Payment Form: \_\_\_\_\_ Sibling: \_\_\_\_\_ Confirmed: \_\_\_\_\_

What School District will your child be attending? \_\_\_\_\_ Which Elementary School \_\_\_\_\_

(ie. Lakeland, Peekskill, Yorktown, Putnam Valley, Mahopac)

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

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

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

Did your child attend preschool last year? \_\_\_\_\_yes \_\_\_\_\_no

If Tom Thumb, please indicate teacher's name: \_\_\_\_\_ Session: \_\_\_\_\_

Have any of your older children attended Tom Thumb? \_\_\_\_\_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? \_\_\_\_\_ Year \_\_\_\_\_  
(If the mother did what was her maiden name?)

If you are interested in being a 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 \_\_\_ Assistant \_\_\_\_\_ YES, I am interested \_\_\_\_\_ NO, I am not interested

-----**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 sometimes uses **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 the monthly newsletters via email.
- 7) The parent who signs this form will be responsible for payment of all fees.
- 8) **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

**Tom Thumb operates on an academic calendar (we follow Lakeland Central School District's calendar).  
Tom Thumb also offers a 7 week summer camp program.**