

# Thumbelina

A Terrific Twos Program



on the  Campus

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

## REGISTRATION FORM FOR THE ACADEMIC CALENDAR 2021-2022

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

**914-528-5600**

Email: [tomthumbcampus@gmail.com](mailto:tomthumbcampus@gmail.com)

**Nancy Brophy, Owner / Director**

**Assistant Directors:**

**Nancy Cappello, Lisa Cancro**

1949 E. Main St., Ste. 2  
Mohegan Lake, NY 10547  
[www.tomthumbpreschool.com](http://www.tomthumbpreschool.com)

Mailing Address if different:

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

Child's Last Name (please print)

Child's First Name

Street Address

City

State

Zip

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

### Family Email Address:

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

\_\_\_\_\_

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

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

### CHILD'S AGE by September 2021:

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

### Name of Friend, Neighbor or Sitter:

\_\_\_\_\_

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

**\*\*\* 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 (9:10 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:** \_\_\_ 7:30 am to 7:59 am-\$10 per day/\_\_\_ 8:00 am to 8:30-\$6 per day/\_\_\_ after 8:31 am -\$3 per day

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

Picked up by: \_\_\_ 4:00 pm-\$6 per day / \_\_\_ 5:00 pm- \$13 per day / \_\_\_ 6:00 pm -\$18 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/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  Teacher 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 and cell # you give permission for Tom Thumb to send you notes via email or text messages.
- 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 7-week summer camp program beginning the end of June.**