



REGISTRATION FORM 2021-2022 ACADEMIC CALENDAR

1949 E. Main St., Ste. 2

PRESCHOOL SESSIONS

Date: ___/___/___

Mohegan Lake, NY 10547

A DEPOSIT OF \$100 which will be applied to June's tuition must accompany this form

www.tomthumbcampus@gmail.com

914-528-5600

Nancy Brophy, Founder

Cell# 914-282-6602

Directors: Nancy Cappello, Lisa Cancro

Mailing address if different:

Home Phone # _____ - _____ - _____

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

_____ @ _____

*** CODE # _____ - _____ - _____ - _____

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 1, 2021: _____ years _____ months

Name of Friend, Neighbor or Sitter:

Phone # _____ - _____ - _____

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. 2023)

(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 (M/W/F) ___ 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. 2022)

2:15 Dismissal Program (8:45-2:15): ___ 2 days per week (Tues/Thurs) ___ 3 days per week (Tues/Thurs/Fri)

___ 3 days per week (Mon/Wed/Fri) ___ 5 days per week (M-F)

3:15 Dismissal Program (8:45-3:15): ___ 2 days per week (Tues/Thurs) ___ 3 days per week (Tues/Thurs/Fri)

___ 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: ___ 6:50 am to 7:30 am ___ 7:31 am to 7:59 am ___ 8:00 am to 8:30 ___ 8:31 am to 8:45 am

After School Care: (Available only for those in the 3:15 Dismissal

Picked up by: ___ 4:00pm ___ By 5 PM ___ 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 Did your child attend our ThumBelina Program? ___yes ___No

If Tom Thumb/ThumBelina, please indicate teacher's name: _____ Session: _____

Have any of your older children attended Tom Thumb? ___yes ___no

Have any of your children attended our: summer camp? ___yes ___no or Stay & Play? ___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 attended _____
(If the mother did what was her maiden name? _____)

If you are interested in being a substitute Teacher or an Assistant Teacher, please indicate below. This would be during your child's session (but in a different class than your child) and would reduce your tuition.

_____ NO, I am not interested _____ YES, I am interested ___Teacher ___Assistant

-----**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 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 and cell number 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 through Mid-August.