



MARCH 2022
AFTER SCHOOL CARE

Child's Name: _____

Parent's Name: _____

Phone #: _____

Code #: _____

Circle or Select one: Junior___ Senior___ Thumbelina___
 Check if student is also registered for Before Care

Picked-up by	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Amt. Due
		1	2	3	4			
4 pm							X \$6	
5 pm							X \$13	
6 pm							X \$18	
	7	8	9	10	11			
4 pm							X \$6	
5 pm							X \$13	
6 pm							X \$18	
	14	15	16	17	18			
4 pm							X \$6	
5 pm							X \$13	
6 pm							X \$18	
	21	22	23	24	25			
4 pm							X \$6	
5 pm							X \$13	
6 pm							X \$18	
	28	29	30	31				
4 pm							X \$6	
5 pm							X \$13	
6 pm							X \$18	

PLEASE RETURN THIS FORM WITH PAYMENT BY FEBRUARY 15TH

Total Due \$ _____

**There is a late fee for children picked up after 6PM of \$10 for every 15 minutes. In emergency need of late pickup, please call to let us know.

OFFICE USE ONLY Payment received: Date: _____ Check # _____ \$ _____



MARCH 2022
BEFORE SCHOOL CARE

Child's Name: _____

Parent's Name: _____

Phone #: _____

Code #: _____

Circle or Select one: Junior ___ Senior ___ Thumbelina ___
 ___ Check if student is also registered for After Care

Please note: Thumbelina starts at 7:30 am

Dropped off	Monday	Tuesday	Wednesday	Thursday	Friday	Days	Cost	Amt. Due
		1	2	3	4			
6:50 - 7:30 am							X \$13	
7:31 - 8:00 am							X \$10	
8:01 - 8:30 am							X \$6	
After 8:30 am							X \$3	
	7	8	9	10	11			
6:50 - 7:30 am							X \$13	
7:31 - 8:00 am							X \$10	
8:01 - 8:30 am							X \$6	
After 8:30 am							X \$3	
	14	15	16	17	18			
6:50 - 7:30 am							X \$13	
7:31 - 8:00 am							X \$10	
8:01 - 8:30 am							X \$6	
After 8:30 am							X \$3	
	21	22	23	24	25			
6:50 - 7:30 am							X \$13	
7:31 - 8:00 am							X \$10	
8:01 - 8:30 am							X \$6	
After 8:30 am							X \$3	
	28	29	30	31				
6:50 - 7:30 am							X \$13	
7:31 - 8:00 am							X \$10	
8:01 - 8:30 am							X \$6	
After 8:30 am							X \$3	

PLEASE RETURN THIS FORM WITH PAYMENT BY FEBRUARY 15TH

Total Due \$ _____

Please give your child breakfast at home before coming in. We cannot have food eaten here in the mornings.

OFFICE USE ONLY Payment received: Date: _____ Check # _____ \$ _____

Email address for questions or concerns: tomthumbcampus@gmail.com

Mailing address: 1949 E Main St. Mohegan Lake, NY 10547