



**STAY AND PLAY CLUB BEFORE & AFTER SCHOOL CARE  
SEPTEMBER 2022**

Code #:     /    /    

Print Child's Name: \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Circle or Select One: GW\_\_ TJ\_\_ LT\_\_ VC\_\_ BF\_\_ Grade\_\_\_\_\_

**Parents Please Read the Reverse Side Before Completing this Form**

Stay and Play Club Before School Care								
Drop off	Mon	Tues	Wed	Thurs	Fri	Days	Cost	Amt. Due
6:50 am				1	2		X \$10	
6:50 am	<del>5</del>	6	7	8	9		X \$10	
6:50 am	12	13	14	15	16		X \$10	
6:50 am	19	20	21	22	23		X \$10	
6:50 am	<del>26</del>	<del>27</del>	28	29	30		X \$10	
<b>Before Care Total</b>								

Stay and Play Club After School Care								
Pick up	Mon	Tues	Wed	Thurs	Fri	Days	Cost	Amt. Due
4 pm				1	2		X \$11	
5 pm							X \$18	
5:30 pm							X \$22	
4 pm	<del>5</del>	6	7	8	9		X \$11	
5 pm	<del>5</del>						X \$18	
5:30 pm	<del>5</del>						X \$22	
4 pm	12	13	14	15	16		X \$11	
5 pm							X \$18	
5:30 pm							X \$22	
4 pm	19	20	21	22	23		X \$11	
5 pm							X \$18	
5:30 pm							X \$22	
4 pm	<del>26</del>	<del>27</del>	28	29	30		X \$11	
5 pm	<del>26</del>	<del>27</del>					X \$18	
5:30 pm	<del>26</del>	<del>27</del>					X \$22	
<b>After Care Total</b>								

**PLEASE RETURN THIS FORM WITH PAYMENT BY August 15<sup>TH</sup>**

**Before & After School Care Total Due \_\_\_\_\_**

Please use charge my Credit Card on File \_\_\_ Yes

OFFICE USE ONLY Payment Received Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Credit Card used \_\_\_ Amount: \$ \_\_\_\_\_



Founded in 1968

1949 E Main Street, Ste. 2  
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## **BEFORE & AFTER SCHOOL CARE** **Stay and Play Safely Club**

Parents read the instructions below before you start fill-  
in the request information into the form on the reverse

**Tom Thumb Founder:** Nancy Brophy  
**Owner/Campus Manager:** Shawn Brophy  
**Directors:** Nancy Cappello/Lisa Cancro

Our **Before and After School Care Program** is designed and implemented to make child care as a safe and pleasant experience for our students.

1. When filling out before /after school care form, place a check mark ✓ in the time slot for each day that you will be dropping-off or picking-up of your child. **Don't** cross out days your child will not attend, leave them blank.
2. Each monthly form must be completed and submitted before the 15<sup>th</sup> of the prior month with your **payment**. For example September's Form is due August 15<sup>th</sup> and October's Form is due September 15<sup>th</sup>, etc.
3. It's the parent's responsibility to complete the monthly forms and submit them to our office on time with payment.
4. It is impossible to deduct or credit or refund for absenteeism, since resources are allocated the previous month. Staffing for this program is quite challenging and on-demand based on your monthly forms. Thank you in advance for your understanding and cooperation.
5. Our facility closes at 5:30 pm. Please pick up your child promptly. In an emergency, please call to let us know you will be late.
6. Please do not send any food for before care with your child. After care children will have a snack in their classroom before heading to aftercare program.

Lisa Cancro, Nancy Cappello & Nancy Brophy