

STAY AND PLAY CLUB BEFORE & AFTER SCHOOL CARE MAY 2025

, , ,	Print Child's Name:
	Print Parent's Name:
Code #:	Phone #:

Circle	or Select (Jne.	GW	TI	ıт	VC	RE	Grade
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Parents, Please Read the Reverse Side before Completing this Form

Our After-Care Program closes promptly at 6 pm. After 6 pm, a late pickup fee will be charged for \$25 for every 15 minutes intervals. If late pickups occur more than twice, a conference with one of our Directors will be scheduled.

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

Stay and Play Club After School Care								
Pick-up	Mon	Tues	Wed	Thurs	Fri	Days	Cost	Amt. Due
				1	2			
4:00 pm							X \$13	
4:30 pm							X \$16	
5:00 pm							X \$20	
5:30 pm							X \$24	
6:00 pm							X \$30	
	5	6	7	8	9			
4:00 pm							X \$13	
4:30 pm							X \$16	
5:00 pm							X \$20	
5:30 pm							X \$24	
6:00 pm							X \$30	
	12	13	14	15	16			
4:00 pm							X \$13	
4:30 pm							X \$16	
5:00 pm							X \$20	
5:30 pm							X \$24	
6:00 pm							X \$30	
	19	20	21	22	23			
4:00 pm							X \$13	
4:30 pm							X \$16	
5:00 pm							X \$20	
5:30 pm							X \$24	
6:00 pm							X \$30	
	26	27	28	29	30			
4:00 pm	\ /						X \$13	
4:30 pm	W						X \$16	
5:00 pm	X						X \$20	
5:30 pm	Λ						X \$24	
6:00 pm	/ \						X \$30	

Before Care Total \$_____ After Care Total \$_____

Before & After School Care Total Monthly Amount Due \$_____

Please use my Credit Card on File ____ Yes

PLEASE RETURN THIS FORM WITH PAYMENT BY APRIL 15TH

OFFICE USE ONLY	Payment Received Date:	Chec	ck #:	Credit Card used	Amount: \$
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BEFORE & AFTER SCHOOL CARE

Stay and Play Club

Founded in 1968

1949 E Main Street, Ste. 2 Mohegan Lake, NY 10547

Office: (914) 528-5600

Email: tomthumbcampus@gmail.com

Parents, please read the instructions below before you start filling in the requested information on the form on the reverse side 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 competed and submitted before the 15th of the prior month with your **payment**. For example, September's Form is due August 15th, and October's Form is due September 15th, 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 6:00 pm. Please pick up your child promptly. In an emergency, please call to let us know you will be late.
- 6. After 6 pm, *After 6 pm, a late pickup fee will be charged for \$25 for every 15 minutes intervals*. For example, if the parent picks up the child at 6:28 pm, the late pickup fee will be \$50. If late pickups after 6 pm occur more than twice, a conference will be scheduled with one of our Directors.
- **7.** Please do not send any food for before care with your child. Aftercare, children will have a snack in their classroom before heading to the aftercare program.

Lisa Cancro, Nancy Cappello & Nancy Brophy