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

Our Programs:

- Preschool for 3-5 years old
- ThumBelina School for 2's
- ThumNastics @ Dynamic Gymnastics
- Stay & Play Safely Club for Lakeland Students
- Summer Camp 3 ½ years old to 5th grade



ThumBelina



A School for Two Year Olds

Registration Form 20__ - 20__

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

Date: ____/____/____

Child's Last Name (please print) _____

Child's First Name _____

Street address _____

City _____ State _____ Zip _____

*** 4 Digit CODE #** ____ - ____ - ____ - ____

*This 4 digit number will serve as your child's **CODE NUMBER**. The child will NOT be released from school without it. Please use a **number you know - so you can easily remember it**.

Gender: _____ Child's Birthday: ____/____/____

CHILD'S AGE by Sept 1: ____years ____months

Does your child receive special services? (For example: Speech, occupational therapy) __ Yes __ No

What type: _____ How often? _____

Does your child have any allergies? (if so what type) _____

Does allergy require an Epi-pen? _____

SPECIFY PROGRAM AND SESSION DESIRED

Half Day Program: Mornings (9:10 am – 11:50 am) Check one of the following:

____ 2 Half-days per week (Tues/Thurs) ____ 3 Half-days per week (Mon/Wed/Fri)

Please note-there is a limit of children for this program, registration is on a first come, first served basis.

Full Day Program: (9:10 am - 3:00 pm) 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 interested, check the appropriate slots—you're not committing at this time to this program, it's for our information.)

Before School Care:

Drop off at: ____ 7:30 am to 8:00 am ____ 8:01 am to 8:30 am ____ After 8:30 am

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

Picked up by: ____ 4:00 pm ____ 4:30 pm ____ 5:00 pm ____ 5:30 pm

Office Use Only:

Date Received: _____ Amount Enclosed: _____ Payment Form / Check #: _____ Confirmed by: _____

Sibling at Tom Thumb: ____ Junior ____ Senior Parent is an Alumni ____ No ____ Yes

OVER

Do you have another child enrolled at Tom Thumb Preschool for the school year starting this September?

Yes No Child's Name: _____

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** -----

****If your last name is different than your child's, please indicate child's name on all correspondence.**

Child's Parents or Guardians

Name (First Name Last Name)

Name (First Name Last 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 mother attended, 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. YOUR DEPOSIT OF \$100 which will be applied to June's tuition must accompany this form. We must be notified prior to August 1st if you are withdrawing your child, in order for us to refund your total deposit. Your deposit will be forfeited if your child is withdrawn after our session begins.**
2. Please note that it is impossible for Tom Thumb to deduct for any absenteeism.
3. As requested by our parents, we will prepare class lists with your child's name, address and phone # to be distributed in their class for the purpose of birthday parties and/or play dates outside of school.
4. Tom Thumb sometimes uses **group pictures** of children (**NO names included**) in our brochure, on our website and on social media.
5. By providing your cell number you give permission for us to send you text messages.
- 6. 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.**
7. The parent/guardian who signs this form will be responsible for payment of all fees.
8. *This program* generally follows the **Lakeland Central Schools' Calendar**.
9. I give my permission for my child to visits all buildings and playgrounds on the Tom Thumb Campus.

I have read and agree to the above,

Please print parent/guardian name

Signature of Parent/Guardian