

Founder Nancy Brophy
Cell Phone: (914) 282-6602

Owner/Campus Manager: Shawn Brophy
Directors: Nancy Cappello/Lisa Cancro

Office: 914-528-5600

Fax: (914) 528-0631

Email: tomthumbcampus@gmail.com

Website: tomthumbpreschool.com



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

Tom Thumb Preschool for Juniors & Seniors

Preschool Program for "Kindergarten Readiness" for ages 3 to 5 years old.

Registration Form 20__ - 20__

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

Date: ____/____/____

Home Phone # (____) ____ - ____

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? _____

PRESCHOOL SESSIONS: SPECIFY PROGRAM AND SESSION DESIRED

____ **JUNIOR STUDENT PROGRAM** (a child who will be **3 years old by Nov. 30th** and **MUST be potty trained**) Check one of the following:

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. 30th**) Check one of the following:

2:15 Dismissal Program (8:45-2:15): 3 days per week (Mon/Wed/Fri) 3 days per week (Tues/Thurs/Fri) 5 days per week

3:15 Dismissal Program (8:45-3:15): 3 days per week (Mon/Wed/Fri) 3 days per week (Tues/Thurs/Fri) 5 days per week

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: 6:50 am to 7:30 am 7:31 am to 8:00 am After 8:00 am

After School Care: (Available only for those in the 3:15 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 ThumBelina Parent is an Alumni No Yes

OVER

What School District will your child be attending? _____ Which Elementary School _____
(ie, Lakeland, Peekskill, Yorktown, Putnam Valley, Mahopac)

Did your child attend preschool last year? ___ Yes ___ No Did your child attend our ThumbBelina Program? ___ Yes ___ No
If attended Tom Thumb or ThumbBelina, please indicate teacher's name: _____

Have any of your older children attended Tom Thumb? ___ Yes ___ No or ThumbBelina ___ 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.**

_____ 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. By signing this form, you give your child permission to practice for Mini Olympics at Dynamic Gymnastics .**
9. *This program generally follows the Lakeland Central School District's Academic School Calendar.*

I have read and agree to the above,

Please print parent/guardian name

Signature of Parent/Guardian