

## STAY AND PLAY CLUB BEFORE & AFTER SCHOOL CARE MARCH 2024

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Print Child's Name:	
Print Parent's Name:	
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Circle or Select One: GW\_\_ TJ\_\_ LT\_\_VC\_\_BF\_\_Grade\_\_\_\_\_

Phone #: \_\_\_

## 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
					1			
6:50 am							X \$10	
	4	5	6	7	8			
6:50 am							X \$10	
	11	12	13	14	15			
6:50 am							X \$10	
	18	19	20	21	22			
6:50 am							X \$10	
	25	26	27	28	29			
6:50 am				Х	X		X \$10	

Before Care Total

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

Stay and Play Club After School Care								
Pick up	Mon	Tues	Wed	Thurs	Fri	Days	Cost	Amt. Due
					1			
4:00 pm							X \$11	
4:30 pm							X \$14	
5:00 pm							X \$18	
5:30 pm							X \$22	
	4	5	6	7	8			
4:00 pm							X \$11	
4:30 pm							X \$14	
5:00 pm							X \$18	
5:30 pm							X \$22	
	11	12	13	14	15			
4:00 pm							X \$11	
4:30 pm							X \$14	
5:00 pm							X \$18	
5:30 pm							X \$22	
	18	19	20	21	22			
4:00 pm							X \$11	
4:30 pm							X \$14	
5:00 pm							X \$18	
5:30 pm							X \$22	
	25	26	27	28	29			
4:00 pm				\ /	\ /		X \$11	
4:30 pm				V	V		X \$14	
5:00 pm				Λ	Λ		X \$18	
5:30 pm				/ \	/ \		X \$22	

After Care Total

Before	& A	lfter	School	Care	Total	Due	

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

OFFICE USE ONLY Payment Received Date: Check #: Credit Card used Amount: \$	OFFICE USE ONLY	<b>Payment Received Date:</b>	Che	eck #:	Credit Card used	Amount: \$
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Founded in 1968

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

Office: (914) 528-5600

Email: tomthumbcampus@gmail.com

## BEFORE & AFTER SCHOOL CARE Stay and Play Safely Club

Parents read the instructions below before you start fillin 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 competed 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