

TOM THUMB BEFORE & AFTER SCHOOL CARE MARCH 2024

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Code #:				

Print Child's Name: _	
Drint Daront's Name	

Circle or Select One: Junior___ Senior___

Phone #: ____

Parents Please Read the Reverse Side before Completing this Form

Tom Thumb Before School Care								
Dropped off	Mon	Tues	Wed	Thurs	Fri	Days	Cost	Amt. Due
					1			
6:50 - 7:30 am							X \$13	
7:31 - 8:00 am							X \$10	
After- 8:01 am							X \$7	
	4	5	6	7	8			
6:50 - 7:30 am							X \$13	
7:31 - 8:00 am							X \$10	
After- 8:01 am							X \$7	
	11	12	13	14	15			
6:50 - 7:30 am							X \$13	
7:31 - 8:00 am							X \$10	
After- 8:01 am							X \$7	
	18	19	20	21	22			
6:50 - 7:30 am							X \$13	
7:31 - 8:00 am							X \$10	
After- 8:01 am							X \$7	
	25	26	27	28	29			
6:50 - 7:30 am					\/		X \$13	
7:31 - 8:00 am					X		X \$10	
After- 8:01 am							X \$7	

Before Care Total

Before & After School Care Total Due _____

Please use my Credit Card on File ____ Yes

Tom Thumb After School Care								
Pick-up by	Mon	Tues	Wed	Thurs	Fri	Days	Cost	Amt. Due
					1			
4:00 pm							X \$7	
4:30 pm							X\$11	
5:00 pm							X \$14	
5:30 pm							X \$18	
	4	5	6	7	8			
4:00 pm							X \$7	
4:30 pm							X\$11	
5:00 pm							X \$14	
5:30 pm							X \$18	
	11	12	13	14	15			
4:00 pm							X \$7	
4:30 pm							X\$11	
5:00 pm							X \$14	
5:30 pm							X \$16	
	18	19	20	21	22			
4:00 pm							X \$7	
4:30 pm							X\$11	
5:00 pm							X \$14	
5:30 pm							X \$18	
	25	26	27	28	29			
4:00 pm					\		X \$7	
4:30 pm					W		X\$11	
5:00 pm					A		X \$14	
5:30 pm							X \$18	
PLEASE RETURN THIS FORM WITH				After (Care Tota	ıl		

PLEASE RETURN THIS FORM WITH PAYMENT BY FEBRUARY 15TH

OFFICE USE ONLY Payment Received Dat	e: Check #:	Credit Card used A	Amount: \$
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BEFORE & AFTER SCHOOL CARE

Office: (914) 528-5600

Email: tomthumbcampus@gmail.com

Parents please read the instructions below before you start filling in the requested information into 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 \checkmark 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 5:30 pm. Please pick up your child promptly. In an emergency, please call to let us know you will be late.
- 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