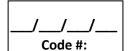


TOM THUMB BEFORE & AFTER SCHOOL CARE

NOVEMBER 2023



Print Child's Name: _____

Print Parent's Name: ______

Circle or Select One: Junior___ Senior___

Phone #: ______

Parents Please Read the Reverse Side before Completing this Form

Tom Thumb Before School Care										Tom Thumb After School Care								
Dropped off	Mon	Tues	Wed	Thurs	Fri	Days	Cost	Amt. Due	Pick-up by	Mon	Tues	Wed	Thurs	Fri	Days	Cost	Amt. Du	
			1	2	3							1	2	3				
6:50 - 7:30 am							X \$13		4:00 pm							X \$7		
7:31 - 8:00 am							X \$10		4:30 pm							X\$11		
After- 8:01 am							X \$7		5:00 pm							X \$14		
	6	7	8	9	10				5:30 pm							X \$18		
6:50 - 7:30 am			1		\mathbf{N}		X \$13			6	7	8	9	10				
7:31 - 8:00 am		Х			Х		X \$10		4:00 pm		\ /				7	X \$7		
After- 8:01 am							X \$7		4:30 pm		V			V		X\$11		
	13	14	15	16	17				5:00 pm		Λ					X \$14	•	
6:50 - 7:30 am							X \$13		5:30 pm							X \$18	8	
7:31 - 8:00 am							X \$10			13	14	15	16	17				
After- 8:01 am							X \$7		4:00 pm							X \$7		
	20	21	22	23	24				4:30 pm							X\$11		
6:50 - 7:30 am			\ /				X \$13		5:00 pm							X \$14		
7:31 - 8:00 am			X	X	X		X \$10		5:30 pm							X \$16	6	
After- 8:01 am					\sim		X \$7			20	21	22	23	24				
	27	28	29	30					4:00 pm					\mathbf{N}	7	X \$7		
6:50 - 7:30 am							X \$13		4:30 pm			V	V	V		X\$11		
7:31 - 8:00 am							X \$10		5:00 pm							X \$14	ł	
After- 8:01 am							X \$7		5:30 pm							X \$18	8	
						Before (Care Total			27	28	29	30					
					l				4:00 pm							X \$7		
									4:30 pm							X\$11		
Before & After School Care Total Due							5:00 pm							X \$14	•			
Derore &	AILEI	501001	care		Jue				5:30 pm							X \$18		
Please use my Credit Card on File Yes								PLEASE RETURN THIS FORM WITH After Care Total PAYMENT BY OCTOBER 15 TH								al		
OFFICE USE	ONLY	Paymer	nt Recei	ved Date	e:			Check #:	:	Cre	dit Card	used	Amou	ınt: \$				



BEFORE & AFTER SCHOOL CARE

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 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 🗸 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.
- 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