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Nancy Brophy, Founder of:  
 Tom Thumb Preschool 1968  
 Dynamic Gymnastics 1995  
 Stay & Play Safely Club 2007  
 ThumNastics at Dynamic 2007  
 ThumBelina - School for 2's 2010  
 Catch Us if You Can Camp 2011

# Stay & Play Safely Club Registration Form 20\_\_ - 20\_\_

A DEPOSIT of \$75 which will be applied to June's tuition must accompany this form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Elementary School Child attends: \_\_\_\_ GW \_\_\_\_ LT \_\_\_\_ BF \_\_\_\_ TJ \_\_\_\_ VC Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

----- **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)

**IN THE EVENT PARENT/GUARDIANS CANNOT BE REACHED IN AN EMERGENCY, PLEASE NOTIFY:** (in the order below)  
**\*\* My child may be released to the people listed below.**

Name	Relationship	Phone number where person can be reached during school hours
1 <sup>st</sup>		
2 <sup>nd</sup>		

**Medical Information:** Child's Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_ Epi pen required? \_\_\_\_\_

Office use only:  
 Date Received: \_\_\_\_\_ Confirmed \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Sibling: \_\_\_\_\_

Does your child have any restrictions for activities? (ex: asthma that requires an inhaler) \_\_\_\_\_

Is there anything else you feel we should know about your child? \_\_\_\_\_

Did your child attend Stay & Play last year? \_\_\_\_ Yes \_\_\_\_ No Did your child attend Tom Thumb preschool? \_\_\_\_ Yes \_\_\_\_ No

Does your child attend a Dynamic Gymnastics class on a Stay & Play day? \_\_\_\_ Yes \_\_\_\_ No What day?: \_\_\_\_\_

Do you have a child currently enrolled at Tom Thumb Preschool? \_\_\_\_\_ Name: \_\_\_\_\_

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**Tom Thumb's Stay & Play program requires a minimum of 2/days per week.  
These days may vary month to month.**

My child will attend: \_\_\_\_ Before care (opens at 6:50) \_\_\_\_ After care (5:30 latest pickup time)

Children attending day care and pre-K through 12<sup>th</sup> grade in New York State must receive all required doses of vaccines on the recommended schedule in order to attend or remain in school. This includes all public, private, and religious schools. A medical exemption is allowed when a child has a medical condition that prevents them from receiving a vaccine. There are no nonmedical exemptions to school vaccine requirements in NYS. Children in a prekindergarten setting should be age-appropriately immunized. The number of doses depends on the schedule recommended by the Advisory Committee on Immunization Practices (ACIP). Intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses.

**PLEASE ATTACH A COPY OF YOUR CHILD'S MOST RECENT  
MEDICAL EXAM AND IMMUNIZATION RECORDS.**

**Please understand the following:**

- 1) I consent to the enrollment of my child to this program and have been advised of the policies regarding fees and services provided by the facility and New York State Department of Social Services regulations under which we operate.
- 2) The Stay & Play Safely Club follows the Lakeland School District Calendar.
- 3) On half days a special program will be offered at an additional cost. By signing up for this extra program, you give your child permission to go to Dynamic Gymnastics where they will have lunch and a short playtime before returning to Tom Thumb for their regular aftercare.
- 4) When Lakeland School District has a 2- or 3-hour delay there is an additional cost for the Before School Program and **we will open at 7:50 am.**
- 5) I agree that in case of accident or injury, emergency medical care may be given in the event I or person(s) designed above cannot be reached.
- 6) I will provide special information attached to this registration form to assist the facility in caring for my child if necessary.
- 7) I understand that Tom Thumb Preschool is a **well-child facility and does not administer medications.** (The complete health care policy is available in the office.) This program will administer only over the counter topical ointments provided by the parents (in original packaging) with a written request from the parents.
- 8) Tom Thumb uses video surveillance for security purposes.
- 9) Tom Thumb Campus sometimes uses group pictures of children (NO names included) in our brochure, newsletter articles, social media and website.
- 10) The people listed on this form have my permission to pick up my child and **will know my child's code number.**
- 11) In September (or when you begin the program) you and your child will receive our "Safety Rules of Conduct" which must be signed and returned to us.
- 12) The director has the right to request a child be removed from the program for the following reasons: A child poses a threat to others or themselves; Failure of a parent to abide by the rules or are disruptive to the program; Failure to provide required documentation; the director determines that our program does not meet the needs of the child, failure of the parents to meet their financial obligation to the program.
- 13) The Stay & Play Safely Club and the facility close at 5:30 p.m., if you should arrive later than 5:30 p.m., you will be charged an extra fee.
- 14) **Please note that it is impossible for the Stay & Play Safely Program to deduct for any absenteeism.** It is imperative that a parent notifies us if a child will not be attending on a day they are scheduled to attend.
- 15) **YOUR DEPOSIT OF \$75** which will be **applied to June payment** must accompany this form, no registration fee is required.

***I have read and agree to the policies and procedures of Tom Thumb Preschool. This facility is licensed by the New York State Department of Social Services. The parent who signs this form is legally responsible for this child.***

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Signature