



**STAY AND PLAY CLUB BEFORE & AFTER SCHOOL CARE
JUNE 2025**

Code #: _____

Print Child's Name: _____
 Print Parent's Name: _____
 Phone #: _____

Circle or Select One: GW__ TJ__ LT__ VC__ BF__ Grade _____

Parents, Please Read the Reverse Side before Completing this Form

Our After-Care Program closes promptly at 6 pm. After 6 pm, a late pickup fee will be charged for \$25 for every 15 minutes intervals. If late pickups occur more than twice, a conference with one of our Directors will be scheduled.

Stay and Play Club Before School Care								
Drop-off	Mon	Tues	Wed	Thurs	Fri	Days	Cost	Amt. Due
6:50 am	2	3	4	5	6		X \$10	
6:50 am	9	10	11	12	13		X \$10	
6:50 am	16	17	18	19	20		X \$10	
6:50 am	23	24	25	26	27		X \$10	
6:50 am	30						X \$10	

Before Care Total \$ _____

Stay and Play Club After School Care								
Pick-up	Mon	Tues	Wed	Thurs	Fri	Days	Cost	Amt. Due
	2	3	4	5	6			
4:00 pm							X \$13	
4:30 pm							X \$16	
5:00 pm							X \$20	
5:30 pm							X \$24	
6:00 pm							X \$30	
	9	10	11	12	13			
4:00 pm							X \$13	
4:30 pm							X \$16	
5:00 pm							X \$20	
5:30 pm							X \$24	
6:00 pm							X \$30	
	16	17	18	19	20			
4:00 pm				X			X \$13	
4:30 pm				X			X \$16	
5:00 pm				X			X \$20	
5:30 pm				X			X \$24	
6:00 pm				X			X \$30	
	23	24	25	26	27			
4:00 pm							X \$13	
4:30 pm							X \$16	
5:00 pm							X \$20	
5:30 pm							X \$24	
6:00 pm							X \$30	
	30							
4:00 pm	X						X \$13	
4:30 pm	X						X \$16	
5:00 pm	X						X \$20	
5:30 pm	X						X \$24	
6:00 pm	X						X \$30	

After Care Total \$ _____

Before & After School Care Total Monthly Amount Due \$ _____

Please use my Credit Card on File ___ Yes

PLEASE RETURN THIS FORM WITH PAYMENT BY MAY 15TH

OFFICE USE ONLY Payment Received Date: _____ Check #: _____ Credit Card used _____ Amount: \$ _____



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 Club

Parents, please read the instructions below before you start filling in the requested information on 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 completed 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 6:00 pm. Please pick up your child promptly. In an emergency, please call to let us know you will be late.
6. After 6 pm, ***After 6 pm, a late pickup fee will be charged for \$25 for every 15 minutes intervals.*** For example, if the parent picks up the child at 6:28 pm, the late pickup fee will be \$50. If late pickups after 6 pm occur more than twice, a conference will be scheduled with one of our Directors.
7. Please do not send any food for before care with your child. Aftercare, children will have a snack in their classroom before heading to the aftercare program.

Lisa Cancro, Nancy Cappello & Nancy Brophy