



**TOM THUMB BEFORE & AFTER SCHOOL CARE
MAY 2024**

Circle or Select One: Junior ___ Senior ___

Code #:

Print Child's Name: _____

Print Parent's Name: _____

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
6:50 - 7:30 am			1	2	3		X \$13	
7:31 - 8:00 am							X \$10	
After- 8:01 am							X \$7	
6:50 - 7:30 am	6	7	8	9	10		X \$13	
7:31 - 8:00 am							X \$10	
After 8:01 am							X \$7	
6:50 - 7:30 am	13	14	15	16	17		X \$13	
7:31 - 8:00 am							X \$10	
After 8:01 am							X \$7	
6:50 - 7:30 am	20	21	22	23	24		X \$13	
7:31 - 8:00 am							X \$10	
After 8:01 am							X \$7	
6:50 - 7:30 am	X	28	29	30	31		X \$13	
7:31 - 8:00 am							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
4:00 pm			1	2	3		X \$7	
4:30 pm							X\$11	
5:00 pm							X \$14	
5:30 pm							X \$16	
4:00 pm	6	7	8	9	10		X \$7	
4:30 pm							X\$11	
5:00 pm							X \$14	
5:30 pm							X \$16	
4:00 pm	13	14	15	16	17		X \$7	
4:30 pm							X\$11	
5:00 pm							X \$14	
5:30 pm							X \$16	
4:00 pm	20	21	22	23	24		X \$7	
4:30 pm							X\$11	
5:00 pm							X \$14	
5:30 pm							X \$16	
4:00 pm	27	28	29	30	31		X \$7	
4:30 pm							X\$11	
5:00 pm							X \$14	
5:30 pm							X \$16	
After Care Total								

PLEASE RETURN THIS FORM WITH
PAYMENT BY APRIL 15TH

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



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 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 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