

Shawn Brophy, Owner &
Campus Manager
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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**



Registration Form 20__ - 20__

A DEPOSIT of \$100 which will be applied to June's tuition must accompany this form

Date: ____/____/____

Child's Last Name (please print) _____

Child's First Name _____

Street address _____

City _____ State _____ Zip _____

Home Phone # (_____) _____ - _____

***** 4 Digit CODE #** ____ - ____ - ____ - ____

This 4 digit number will serve as your child's **CODE NUMBER**. The child will NOT be released from school without it. Please choose a number you can easily remember, (ie-the last four digits of your social security or a phone number you know.)

Gender: _____ Child's Birthday: ____/____/____

CHILD'S AGE by Sept 1st: ____ years ____ months

Does your child receive special services? (For example: Speech, occupational therapy) Yes No

What type : _____ How often? _____

Does your child have any allergies? (If so what type) _____

Does allergy require an Epi-pen? _____

SPECIFY PROGRAM AND SESSION DESIRED

Half Day Program: Mornings (9:10 a.m. – 12:30 p.m.) Check one of the following:

2 Half-days per week (Tues/Thurs) 3 Half-days per week (Mon/Wed/Fri)

Please note: there is limited availability for this program (first come, first served).

Full Day Program: (9:10 a.m. - 3:00 p.m.) Check one of the following:

2 Full-days per week (Tues/Thurs) 3 Full-days per week (Mon/Wed/Fri) 5 Full days per week (Mon - Fri)

Before or After School Care: (If interested, check the appropriate slots—you're not committing at this time. This is just for our information.)

Before School Care: Drop off: 7:30 am to 7:59 am 8:00 am to 8:29 am after 8:30

After School Care: (Available only for those in the Full Day Program)

Picked up by: 4:00 pm 4:30 pm 5:00 pm 5:30 pm

Office Use Only:

Date Received : _____ Amt Enclosed: _____ Check #: _____ Credit Card _____ Cash _____ Confirmed by: _____

Sibling: ThumBelina Junior Senior Stay & Play

OVER

1949 East Main Street (Rt 6), Mohegan Lake, New York 10547 • (914) 528-5600

Email: tomthumbcampus@gmail.com Website: www.tomthumbpreschool.com

Do you have another child enrolled at Tom Thumb Preschool for the school year starting this September?

_____ Yes _____ No Child's Name: _____

Have any of your older children attended Tom Thumb? _____ Yes _____ No or ThumBelina _____ Yes _____ No

Names and ages of siblings: _____

-----Child's Parents or Guardians-----

****If your last name is different than your child's, please indicate child's name on all correspondence.**

Parent A

Parent B

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

Did either the child's Mother or Father attend Tom Thumb? Year attended _____

(If the mother attended, what is her maiden name?) _____)

If you are interested in being a substitute Teacher or an Assistant Teacher, please indicate below. This would be during your child's session (but in a different class than your child).

_____ NO, I am not interested _____ YES, I am interested ___ Teacher ___ Assistant

IN THE EVENT PARENT/ GUARDIAN CAN'T BE REACHED IN AN EMERGENCY, PLEASE NOTIFY (in the order below)

My child may be released to the people listed below. Hopefully, these people live in the area.

Name	Relationship	Phone number where person can be reached
1st		
2nd		

Please understand the following:

- YOUR DEPOSIT OF \$100, which will be applied to June's tuition, must accompany this form.** We must be notified prior to **August 1st** if you are withdrawing your child in order for us to refund your total deposit. **Your deposit will be forfeited if your child is withdrawn after our session begins.**
- Please note that it is impossible for Tom Thumb to deduct for any absenteeism.
- As requested by our parents, we will prepare class lists with your child's name, address, and phone # to be distributed in their class for the purpose of birthday parties and/or play dates outside of school.
- Tom Thumb sometimes uses **group pictures** of children (**NO names included**) in our brochure, on our website and on social media.
- By providing your cell number you give permission for us to send you text messages.
- Should a child's behavior become unsafe for the child or other children the Director has the right to determine if our facility can meet the needs of the child.**
- The parent/guardian who signs this form will be responsible for payment of all fees.
- By signing this form, you give your child permission to be anywhere on the Tom Thumb campus.**
- This program* generally follows the **Lakeland Central School District's Academic School Calendar.**

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 of the Parent

Tom Thumb Campus also offers a 8-week summer camp program, Catch Us If You Can.