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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**

# Tom Thumb a school for 3 to 5 years old

## 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

**\*\*\* 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ CHILD'S AGE by Sept 1<sup>st</sup>: \_\_\_\_\_ 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? \_\_\_\_\_

### **PRESCHOOL SESSIONS: SPECIFY PROGRAM AND SESSION DESIRED**

\_\_\_\_ JUNIOR STUDENT PROGRAM (a child who will be 3 years old by Nov. 30<sup>th</sup> and MUST be potty trained )

2:15 Dismissal Program (8:45-2:15):  2 days per week (Tues/Thurs)  3 days per week (M/W/F)  5 days per week (M-F)

3:15 Dismissal Program (8:45-3:15):  2 days per week (Tues/Thurs)  3 days per week (M/W/F)  5 days per week (M-F)

\_\_\_\_ SENIOR STUDENT PROGRAM (a child who will be 4 years old by Nov. 30<sup>th</sup>)

2:15 Dismissal(8:45-2:15):  3 days per week (Mon/Wed/Fri)  3 days per week (Tues/Thurs/Fri)  5 days per week (M-F)

3:15 Dismissal(8:45-3:15):  3 days per week (Mon/Wed/Fri)  3 days per week (Tues/Thurs/Fri)  5 days per week (M-F)

**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:**  6:50 am to 7:30 am  7:31 am to 8:00 am  after 8:01

**After School Care:** (Available only for those in the 3:15 Dismissal 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**

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: \_\_\_\_\_

What School District will your child be attending? \_\_\_\_\_ Which Elementary School \_\_\_\_\_

(ie. Lakeland, Peekskill, Yorktown, Putnam Valley, Mahopac)

-----**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 _____	_____	_____

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**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. I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding fees and the services provided by the facility and the NY State Department of Social Services regulations under which it operates. I am the parent or person legally responsible for this child.***

\_\_\_\_\_  
Print parent's name

\_\_\_\_\_  
Signature of Parent

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