

**Shawn Brophy**, Owner & Campus Manager  
**Nancy Cappello**, Director  
**Lisa Cancro**, Director  
**Jill Magro**, Office Manager  
 Office: (914) 528-5600  
 Fax: (914) 528-0631



**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**



# ThumBelina a school for 2's (now accepting 18 months by Sept 1<sup>st</sup>)



## 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 \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**\*\*\* 4 Digit CODE #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Please assign your child a 4 digit number. This number will serve as your child's **CODE NUMBER**. Your child will NOT be released from school without it. Please use a number you can easily remember, (ie-the last four digits of your social security or a phone number you know.) **WE DO NOT ASSIGN THIS NUMBER, YOU DO!**

Gender: \_\_\_\_\_ Child's Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

CHILD'S AGE by Sept 1<sup>st</sup>: \_\_\_\_ years \_\_\_\_ months

Does your child receive special services?  Yes  No What type : (ie: Speech, OT, PT, SEIT) \_\_\_\_\_  
 \*\*A copy of IEP must be provided to the office. \*\*

Does your child have any allergies? (if so what type) \_\_\_\_\_ require an Epi-pen? \_\_\_\_\_

### **SPECIFY PROGRAM AND SESSION DESIRED** (Please check one of the following)

Please note:there is a limit of children for these programs, filled on a first come, first served basis.

#### **18 mos Program: (Must be 18 months by Sept 1<sup>st</sup>)**

##### **Half Day Program: Mornings (9:10 a.m. – 12:30 p.m.)**

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

##### **Full Day Program: (9:10 a.m. - 3:00 p.m.)**

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

#### **Terrific Two's Program: (Must be 2 by Nov 30<sup>th</sup>)**

##### **Half Day Program: Mornings (9:10 a.m. – 12:30 p.m.)**

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

##### **Full Day Program: (9:10 a.m. - 3:00 p.m.)**

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

**Before and/or After School Care:** (If interested, check the appropriate slots—you're not committing at this time to this program, it's for our information.)

**Before School Care:** \_\_\_\_ **After School Care:** (Available only for those in the Full Day Program) \_\_\_\_

#### **Office Use Only:**

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

Sibling: \_\_\_\_ ThumBelina \_\_\_\_ Junior \_\_\_\_ Senior \_\_\_\_ Stay & Play

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

Email: [tomthumbcampus@gmail.com](mailto:tomthumbcampus@gmail.com) Website: [www.tomthumbpreschool.com](http://www.tomthumbpreschool.com)

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

-----**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 as a child?** Year attended \_\_\_\_\_

(If the mother attended, what was 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.

Name	Relationship	Phone number where person can be reached
<u>1</u> st		
<u>2</u> nd		

-----**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.***

\_\_\_\_\_  
Please print parent's name

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

**Tom Thumb Campus also offers a summer camp program. Call us for more information!**