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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 year olds (Must be 3 by Nov 30th)

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 1st: ____ 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? _____

What school district will your child be attending? _____

What elementary school? _____

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

____ **Junior Program: (Must be 3 years old by Nov 30th)**

2:15 Dismissal (8:45-2:15) ____ 2 days per week(T/Th) ____ 3 days per week (M/W/F) ____ 5 days per week (Mon - Fri)
 3:15 Dismissal (8:45-2:15) ____ 2 days per week(T/Th) ____ 3 days per week (M/W/F) ____ 5 days per week (Mon - Fri)

____ **Senior Program: (Must be 4 years old by Nov 30th)**

2:15 Dismissal (8:45-2:15) ____ 3 days per week(M/W/F) ____ 3 days per week (T/Th/F) ____ 5 days per week (Mon - Fri)
 3:15 Dismissal (8:45-2:15) ____ 3 days per week(M/W/F) ____ 3 days per week (T/Th/F) ____ 5 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 3:15 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 Website: 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!