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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**

# Stay & Play Safely Club

## Registration Form 20\_\_ - 20\_\_

A DEPOSIT of \$75 which will be applied to June's tuition must accompany this form

**\*\*PLEASE PRINT CLEARLY\*\***

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Last Name		Child's First Name	
Street address		City	State Zip
Email address			

Elementary School Child attends: \_\_GW \_\_LT \_\_BF \_\_TJ \_\_VC Grade: \_\_\_\_\_

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

**\*\*\*Parent assigned 4 digit dismissal code #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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!**

### -----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

Does your child receive support 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) \_\_\_\_\_ requires an Epi-pen? \_\_\_\_\_

Does your child have any medical restrictions? (ex: asthma that requires an inhaler): \_\_\_\_\_

### 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

Does your child attend a Dynamic Gymnastics class on a Stay & Play day? \_\_\_\_\_ Yes  
\_\_\_\_\_ No What day? \_\_\_\_\_

Did your child attend Stay & Play last year? \_\_\_ Yes \_\_\_ No Did your child attend Tom Thumb preschool?  
\_\_\_\_\_ Yes \_\_\_ No

Do you have a child currently enrolled at Tom Thumb Preschool? \_\_\_\_\_ Name: \_\_\_\_\_

**\*\*Tom Thumb's Stay & Play Program requires a 2 day per week minimum. These days can vary month to month.\*\***

**My child will attend: \_\_\_ Before Care (opens at 6:50 AM) \_\_\_ After Care (closes at 6:00 PM)**

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> <sup>st</sup>		
<u>2</u> <sup>nd</sup>		

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**AGREEMENT:**

I consent to the enrollment of my child in Tom Thumb Preschool's Stay & Play Program.

I agree to pay the monthly tuition and submit my calendar schedule by the 15<sup>th</sup> of the previous month.

I understand my deposit of \$75, which will be applied to June's tuition, must accompany this form.

I give permission for my child to be anywhere on the Tom Thumb Campus (ie: school, playgrounds, Dynamic Gymnastics)

I have received, read and understand the Stay & Play Policies and Procedures.

**ALL CREDIT CARD TRANSACTIONS WILL HAVE A 2% PROCESSING FEE ADDED.**

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

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

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