

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**

Tom Thumb / ThumBelina

Registration Form 20__ - 20__

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

****PLEASE PRINT CLEARLY****

Child's Last Name

Child's First Name

Street address

City

State

Zip

Email address _____

Gender: _____ Child's Birthday: ____/____/____ CHILD'S AGE by Sept 1st: ____years ____ months

*****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!**

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? _____

What school district will your child be attending? _____ What elementary school? _____

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

ThumBelina 18 mos Program: (Must be 18 months by Sept 1st)

12:30 Dismissal (9:10-12:30) 2 days per week(T/Th) 3 days per week (M/W/F)

3:00 Dismissal (9:10-3:00) 2 days per week(T/Th) 3 days per week (M/W/F) 5 days per week (Mon - Fri)

ThumBelina Terrific 2's Program: (Must be 2 by Nov 30th)

12:30 Dismissal (9:10-12:30) 2 days per week(T/Th) 3 days per week (M/W/F)

3:00 Dismissal (9:10-3:00) 2 days per week(T/Th) 3 days per week (M/W/F) 5 days per week (Mon - Fri)

Tom Thumb 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)

Tom Thumb Senior Program: (Must be 4 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)

Office Use Only:

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

Sibling: ____ ThumBelina ____ Junior ____ Senior ____ Stay & Play

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Email: tomthumbcampus@gmail.com

Website: www.tomthumbpreschool.com

OVER

Did your child **previously attend Preschool?** ___ No ___ Yes

If yes, name of school: _____(if Tom Thumb/ThumBelina- teacher /session) _____

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 a Teacher's Assistant, 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		

AGREEMENT: By signing below, I consent to the enrollment of my child in Tom Thumb Preschool. I agree to pay the monthly tuition on or before the 1st of each month. I understand my deposit of \$100, which will be applied to June's tuition, must accompany this form.

Please note: 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.**

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