



REGISTRATION FORM 2012-2013

Date ___/___/___

TOM THUMB PRESCHOOL SESSIONS

1949 E. Main St., Ste. 2
Mohegan Lake, NY 10547

www.tomthumbpreschool.com

Nancy Brophy, Director 914-528-5600

Email: carol@tomthumbpreschool.com

Mailing Address if different:

Street
City State Zip

Name of Friend or Neighbor:

Friend Phone #

Name of Sitter (if working):

Sitter's Phone #

FAMILY EMAIL ADDRESS

(We are attempting to go "green" and would like to use emails for school notes, newsletters, etc.)

Child's LAST Name (please print)

Child's FIRST Name

Street

City State Zip

Phone#

Gender Male Female

Birthday: Month Day Year

**** Code #
Please write above the last four digits of the Mother's Social Security # -This will serve as your child's CODE NUMBER. He/She will not be released from school without it. Please remember it.

SENIOR STUDENT (a child who will be 4 years old by Nov. 30th and will attend kindergarten in Sept. 2013)

JUNIOR STUDENT (a child who will be 3 years old by Nov. 30th and will attend kindergarten in Sept. 2014)

Children born in December may be considered on an individual basis.

AGE BY SEPTEMBER 2012 years months

Preschool Sessions: SPECIFY PROGRAM AND SESSION DESIRED

Half Day Program (8:45 A.M. - 11:45 A.M.)

2 half-days per week (Tues/Thurs) 3 half-days per week (Mon/Wed/Fri) 5 half-days per week (Mon - Fri)

** For Junior Students only - if you are interested in a P.M. Half Day Program contact the office (# of days PM Program)

Extended Day Program: (8:45 A.M. - 2:15 P.M.) Check one of the following:

2 Extended days per week (Tues/Thurs) 3 Extended days per week (Mon/Wed/Fri) 5 Extended days per week (Mon - Fri)

Full Day Program: (8:45 A.M. - 3:15 P.M.) Check one of the following:

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

Before or After School Care: (If you may be interested in this please check the appropriate slots - You are not committing at this time to this program, this is just for our information)

Before School 7:00 - 8:45 AM Before School 8:00 - 8:45 After School 3:15-4:15 PM After School 3:15-5:15 PM After School 3:15-6:00 PM

For office use only: Date received: Amount enclosed: Check # Confirmed Sibling

What School District will your child be attending? _____
(ie. Lakeland, Peekskill, Yorktown, Putnam Valley, Mahopac)

Does your child receive special services? (For example: Speech, occupational therapy) ___ Yes ___ No

What type: _____

Did your child attend preschool last year? _____yes _____no

If Tom Thumb, please indicate teacher's name: _____ Session:_____

Have any of your older children attended Tom Thumb? _____yes _____no

Names and ages of siblings: _____

Mother's Name

Father's Name

(Mother's cell phone #)

(Father's cell phone #)

(Mother's Occupation) ___ past or ___ present

(Father's Occupation)

(Employed by)

(Employed by)

(work #)

(work #)

Did either the child's Mother or Father attend Tom Thumb as a child? _____ Year _____

(If mother did what was her maiden name?) _____

If you are interested in being a part-time or substitute aide please indicate below. This would be during your child's session (but in a different class than your child) and would reduce your tuition. _____ YES, I am interested _____ NO, I am not interested

Please understand the following:

- 1) We must be notified prior to August 15th if you are withdrawing your child, in order for us to refund 1/2 of your deposit.
- 2) Your deposit will be forfeited if your child is withdrawn after our session begins.
- 3) Please note that it is impossible to deduct for any absenteeism. This is absolutely necessary to guarantee salaries, maintenance, insurance payments, etc. Please do not ask us to make exceptions.
- 4) As requested by our parents, we will prepare class lists with your child's name, address and phone # to be distributed in his/her class for the purpose of birthday parties, and/or play dates outside of school.
- 5) Tom Thumb sometimes uses pictures of children in our brochure, newsletter articles and our web site.
- 6) By providing your email address you give permission for Tom Thumb to send you notes and the monthly newsletters via email.
- 7) The parent who signs this form will be responsible for payment of all fees.
- 8) YOUR DEPOSIT OF \$100 which will be applied to June's tuition must accompany this form.

I have read and agree to the above,

Signature of Parent

Tom Thumb operates on an academic calendar (we follow Lakeland Central School District's calendar).

Tom Thumb will also offer a full summer camp program.