



A Terrific Twos Program

Thumbelina



on the **Tom Thumb** Campus
REGISTRATION FORM 2014-2015

Nancy Brophy
Owner / Director
Ann Gaspari
Assistant Director

Date ____/____/____

1949 E. Main St., Ste. 2
Mohegan Lake, NY 10547
914-528-5600

www.tomthumbpreschool.com

Child's Last Name (please print)

Child's First Name

Street Address

City

State

Zip

Mailing Address if different:

Name of Friend, Neighbor or Sitter:

Home Phone # ____ - ____ - ____

Child's Birthday: ____/____/____

____ Male / ____ Female

Friend's Phone # ____ - ____ - ____

Family Email Address: (For notes, newsletters, etc)

*****CODE NUMBER** ____ - ____ - ____ - ____

This 4 digit number will serve as your child's CODE NUMBER
He/She will NOT be released from school without it. Please
use the last four digits of the Mother's Social Security # -so
you can easily remember it.

CHILD'S AGE by September 2014:

____ years ____ months

SPECIFY PROGRAM AND SESSION DESIRED

Half Day Sessions: Mornings 9:00 a.m. - 11:45 a.m. Check one of the following:

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

Full Day Program: (9:00 A.M. - 3:00 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 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 Care: ____ 7:00 - 9:00 AM ____ 8:00 - 9:00 AM

After School Care: (Available only for those in the Full Day Program) ____ till 4:15pm / ____ 5:15pm / ____ 6:00 pm

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

Sibling ____ Sibling at Tom Thumb _____

OVER



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

What type: _____

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

Names and ages of siblings: _____

-----Child's Parents or Guardians -----

Parent A

Parent B

Name

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 _____

(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 for Tom Thumb to deduct for any absenteeism.
- 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 **group pictures** of children (**NO names included**) 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

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

Tom Thumb will also offer a 7 week summer camp program.