



# Stay & Play Club

on the

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

914-528-5600

Nancy A Brophy, Director



# Registration Form - School Year 2011-2012

\_\_\_\_\_  
(Child's Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State)

\_\_\_\_\_  
(Zip Code)

**CODE NUMBER** \_\_\_\_\_  
(4 digit number--To be used for pick up security)

Phone Number \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age By Sept. 10 \_\_\_\_\_

Child attends which Elementary School?

Current Grade: \_\_\_\_\_

Mother:

\_\_\_\_\_  
(Mother's Name)

\_\_\_\_\_  
(Mother's Cell Phone Number)

\_\_\_\_\_  
(Mother's Employer)

\_\_\_\_\_  
(Work Number)

Father:

\_\_\_\_\_  
(Father's Name)

\_\_\_\_\_  
(Father's Cell Phone Number)

\_\_\_\_\_  
(Father's Employer)

\_\_\_\_\_  
(Work Number)

**Which days?**

\_\_\_\_\_ **Monday**

\_\_\_\_\_ **Tuesday**

\_\_\_\_\_ **Wednesday**

\_\_\_\_\_ **Thursday**

\_\_\_\_\_ **Friday**

**Will be picked up BY:**

\_\_\_\_\_ **4 p.m.**

\_\_\_\_\_ **5 p.m.**

\_\_\_\_\_ **6 p.m.**

Office Use Only:

Date Received \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**-Over-**

Does your child have any allergies? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

\_\_\_\_\_

What hobbies does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite things to do? \_\_\_\_\_

\_\_\_\_\_

Would your child be interested in learning a new hobby? \_\_\_\_\_ -what type of activity? \_\_\_\_\_

\_\_\_\_\_

Is there any thing you feel we should know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Did your child attend Tom Thumb Preschool? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did/does your child attend Dynamic Gymnastics? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did your child attend "Catch Me If You Can" Summer Camp? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did anyone else in your family attend Tom Thumb? \_\_\_\_\_

\_\_\_\_\_

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**Please understand the following:**

This is a well child facility, if a child becomes ill the parent/guardian will be called. This facility will administer only Over-the-counter Topical Ointments.

This program follows the Lakeland School District Calendar. On Lakeland School Districts half days a special "half day program" will be offered for an additional fee.

Please note that it is impossible to deduct for any absenteeism. This is absolutely necessary to guarantee salaries, maintenance, insurance payments,.

A \$50 deposit is required with registration. The deposit will be credited towards September fee. The parent who signs this form will be responsible for payment of all fees.

**Payment is due one week before the month begins.**

\_\_\_\_\_

Signature of Parent