

Junior Wonders Nursery School – Enrollment Application School Year 2017-2018

448 Washington Avenue, Pelham, NY 10803 T: 914 738 6518 C: 917 617 0903 F: 914 Á E: juniorwondersoffice@gmail.com

Child's Information

Child's Name _____ Girl _____ Boy _____

Street Address _____ DOB _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Child's previous school experience (if any) _____

Language spoken at home _____ By Caregivers _____

Briefly tell us about your child: His or Her likes, preferences, strengths and weaknesses.
You may use the back of the application _____

How did you learn about JW Nursery School? _____

Mother's Contact Information

Mother's Name _____ Mobile # _____

Place of Business _____ Office # _____

Business Street Address _____

Email _____

Father's Contact Information

Father's Name _____ Mobile # _____

Place of Business _____ Office # _____

Business Street Address _____

Email _____

Registration Fee: a Non-Refundable Registration Fee, equal to one (1) month's tuition, is **required** for the **registration to be complete**. Please make all checks are payable to "Playful Wonders, Inc."

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Tuition Payment Agreement

Please enroll my child, _____, in Junior Wonders Nursery School for the entire school year commencing September 2017 and ending in June 2018.

2 Year Old Class – Time: 9:00 AM to 11:30 AM

Monthly Tuition

_____ 5 day classes: Monday through Friday	\$595.00
_____ 3 day classes: Monday & Wednesday & Friday	\$475.00
_____ 2 day classes: Tuesday & Thursday	\$415.00

3 Year Old Class – Time: 9:00 AM to 11:30 AM

_____ 5 day classes: Monday through Friday	\$595.00
_____ 3 day classes: Monday & Wednesday & Friday	\$475.00
_____ 2 day classes: Tuesday & Thursday	\$415.00

Pre-K Class – Time: 8:45 AM to 11:45 AM (3 hour session)

_____ 5 day classes: Monday through Friday	\$670.00
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Pre-K classes will dedicate two full sessions to STEM (Science, Technology, Engineering, and Mathematics) each week.

Tuition payments are due on the 1st of each month from September 2017 through May 2018.

All fees & payments are non-refundable.

Please Make Checks Payable to: **“Playful Wonders”**

Parent Name

Parent Signature

Date

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Emergency Medical Treatment Consent

I authorize permission to Junior Wonders to obtain emergency medical care for my child _____ in the event that a parent or legal guardian cannot be reached.

The following information may be necessary in obtaining emergency care:

Insurance Carrier _____

Policy # _____

Name of Policy Holder _____

Primary Care Physician _____

Physician's Address _____

Physician's Telephone _____

I grant permission for my child, _____, to be transported to the nearest hospital in the event of an emergency requiring hospital care.

Is your child currently taking any type of medication? _____ Yes _____ No

- If yes, please complete the following:

Medication Name: _____ **Condition:** _____

Dosage & Frequency: _____ **Possible Side Effects:** _____

Are there any allergies? Please specify _____

Are there any medical or developmental conditions requiring special attention? (i.e, behavioral concerns, learning disabilities or challenges), _____

Are there any special services that your child is receiving? _____

Parent Name _____

Parent Signature _____

Date _____

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Registration Fee - Receipt of Payment

Parent's Name _____

Child's Name _____

Amount Received _____

Date _____

Days Attending: _____ **Mon.** _____ **Tues.** _____ **Wed.** _____ **Thurs.** _____ **Fri.**

Session Attending: **2's** _____ **3's** _____ **Pre-K** _____

Registration Charges are Non Refundable.

Mary O'Connell, Junior Wonders