

Playful Wonders After School Program – Enrollment Application – NO TRANSPORTATION

Application: School Year 2017 to 2018

Child's Name _____ M _____ F _____

Street Address _____ DOB _____

City _____ State _____ Zip Code _____

Home # (_____) _____ E-mail _____

Grade in September _____ School Name _____

Mother's Name _____ **Cell #** _____

Place of Business _____

Address _____ Phone _____

Father's Name _____ **Cell #** _____

Place of Business _____

Address _____ Phone _____

Relative, Friend or Neighbor that may be contacted in an emergency:

Name _____ **Phone** _____

(Please be aware that this person must be listed on the Authorized Release Form, page #4)

A \$150.00 Registration Fee is required with this completed application.

Please make all checks payable to "Playful Wonders, Inc."

Please email a completed application or mail application & payment to:

Mrs. Mary O'Connell, 977 Main Street, New Rochelle, New York 10801

Tuition Agreement
Applicants with No Transportation

The undersigned hereby enrolls _____

into Playful Wonders After School Program for the entire school year beginning in September 2017 and ending in June 2018. I further understand that all fees are paid monthly, due **on the first (1st) of each month. Tuition checks received after the seventh (7th) day of the month will incur a \$25 late fee.**

My child will attend _____ days a week as follows:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Monthly Fees:

	<u>One Child</u>	<u>Two Children</u>
One Day a Week	\$195.00	\$325.00
Two Days a Week	\$320.00	\$530.00
Three Days a Week	\$413.00	\$685.00
Four Days a Week	\$485.00	\$805.00
Five Days a Week	\$531.00	\$882.00

Important: A copy of your child’s Medical Record signed by your physician must be submitted with this application or no later than August 18, 2017.

Parent Signature

Date

Emergency Medical Treatment Form

I hereby give Mary O’Connell, Director of Playful Wonders, or her designee, permission to obtain emergency medical care for my child _____ in the event that I or my spouse 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 Phone _____

I hereby give permission for my child _____ to be transported to the nearest hospital and treated in case of a severe emergency.

Does your child have any food allergies? _____

Does your child receive special services? _____

Does your child take any regular medications? _____

If so, please provide the name, dosage and frequency of the medication: _____

Does your child require administration of any medication during our program hours?

Parent Signature

Date

Authorized Release Form

My child _____ may be released to the following people in the event that I am unable to pick up my child.

(Note: Spouses must be listed, if authorized)

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

I understand that my child may be released to the above mentioned people only. If there are any changes or amendments, I understand that an Authorized Release must be **submitted in writing** otherwise, my child will not be released.

Parent Signature

Date

Children’s Photographs - Permission

On occasion Playful Wonders features our students on our Website, Facebook page, and in local newspapers, such as The News of Pelham.

*Please indicate below if you **DO NOT WISH** your child’s photographs included. Please note that this does not pertain to photographs displayed at our center.*

_____ ***I DO NOT WISH** for my child, _____, to be photographed and used in after school related stories in a local publication and/or the Playful Wonders Website and social media, such as Facebook.*

_____ ***It is ok** to photograph my child to be used in articles in local publications and/or the Playful Wonders Website and social media, such as Facebook.*

Parent Signature

Date

Tuition Contract

Name of Child _____ School Year: 9/2017 - 6/2018

Parent/Guardian _____

Address _____

Home Phone (_____) _____

- 1) Playful Wonders After-School Program accepts your child(ren) for the school term beginning September 2017 and ending in June 2018.
- 2) The Parent/Guardian of the child(ren) agrees to pay Playful Wonders, Inc. the monthly tuition of _____.
- 3) Playful Wonders will accept 10 installments of this monthly tuition payable on the first (1st) day of each month, beginning in September and ending in June.
- 4) **Any tuition check received after the seventh (7th) day of the month will automatically incur a \$25.00 late fee.** Playful Wonders does not distribute payment reminders.
- 5) **All returned checks will incur a \$30.00 returned check charge.**
- 6) Each program session begins at 3:00 pm and end at 6:00 pm. **For each ten minute interval that your child remains at the PW center after 6:00 pm, you will be charged a late fee of \$15,** per the PW Parent Handbook.

The signatures below are necessary to execute this agreement.

Parent/Guardian Signature

Date

Director's Signature

Date

Tuition Contract

Name of Child _____ School Year: 9/2017 - 6/2018

Parent/Guardian _____

Address _____

Home Phone (_____) _____

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- 4) **Any tuition check received after the seventh (7th) day of the month will automatically incur a \$25.00 late fee.** Playful Wonders does not distribute payment reminders.
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The signatures below are necessary to execute this agreement.

Parent/Guardian Signature

Date

Director's Signature

Date

Receipt of Payment
Applicants with No Transportation

Name of Parent _____

Name of Child _____

Amount Received _____ Date _____

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

A \$150.00 Registration Fee is required with this completed application.

All payments are non-refundable.

Please make all checks payable to “Playful Wonders, Inc.”

Mary O’Connell, Director

Date