

**Junior Wonders June Enrichment Program - Application – 2018**

**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 \_\_\_\_\_



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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**

# MEDICAL FORM

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_

## General Physical and Emotion Status of Your Child

Kindly share any information that you believe may be helpful while your child is in session with us.

\_\_\_\_\_  
\_\_\_\_\_

## Immunizations

DTaP 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Polio 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

MMR 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

HIB 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Hep B 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Varicella 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

PCV 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

## Medical History: Please list all childhood diseases / operations and dates:

Name of Disease \_\_\_\_\_ Date \_\_\_\_\_

If medication is taken regularly, please specify: \_\_\_\_\_

\_\_\_\_\_

Operation Performed \_\_\_\_\_ Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Tuition Payment Agreement**

**Program Theme:** “Around the World in 15 Days,” where children will have their passports stamped as we travel through four continents, with stops in the following countries: **Italy, Egypt, Australia, Peru**, and then back home to the U.S.

**Fun w/ Ages 2s & 3s:**

Please enroll my child, \_\_\_\_\_, in the “Fun with Ages 2s & 3s” Class (*children currently aged 2 or turning 3 years old this year*) at Junior Wonders June 2018 Program.

- **Payment:** \$575\*

**Pre-K Group:**

Please enroll my child, \_\_\_\_\_, in the “Pre-K Group” (*children currently aged 3 or in Pre-K*) at Junior Wonders June 2018 Program.

- **Payment:** \$675\*

I understand that this program will begin on **Monday, June 4**, and conclude on **Friday, June 22**, and each session will begin at **9:00 am** and conclude at **12:00 pm**.

**\*Registration that is received by Friday, April 27, 2017, will receive a 5% reduction to the tuition payment.\*** In order to receive this discount, a completed application & full payment with discount must be received by April 27.

**When registering your child please include a \$100.00 deposit fee in order to secure a spot in the program.** This deposit will be credited to your Tuition Payment that is due in full by **Friday, May 11**. Registration & Payment is Non Refundable.

Please Mail Completed Enrollment Application with Payment to:

**Mrs. Mary O’Connell**  
**977 Main Street, New Rochelle, NY 10801**

Please Make Checks Payable to:

**“Playful Wonders”**

\_\_\_\_\_  
**Parent Name**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

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**Receipt of Payment**

**Parent's Name** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Amount Received** \_\_\_\_\_

**Date** \_\_\_\_\_

**Sessions Attending:**

**Fun w/ 2's & 3's** \_\_\_\_\_

*(Children currently in 2 year-old classes)*

**Pre-K Group** \_\_\_\_\_

*(Children currently in 3 year-old & Pre-K classes)*

**Registration Charges are Non Refundable.**

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Mary O'Connell, Director, Junior Wonders