

Junior Wonders June Enrichment Program - Application – 2019

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

## Authorized Release Form

My child \_\_\_\_\_ may be released to the following person(s) in place of the child's parent. "Local Emergency Contact" must be listed in this section, and **Spouses**, if authorized.

**Full Name (Local Emergency Contact)** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

**Full Name** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Telephone #** \_\_\_\_\_

I understand that my child may only be released to the person(s) entered, above. If you wish to include additional names or omit current names to the authorized release form, please send us a signed request otherwise, we will not be able to release your child.

_____	_____	_____
<b>Parent Name</b>	<b>Parent Signature</b>	<b>Date</b>

## Photographs of Children - Permission

Children's photographs during any special events will be showcased on our school's bulletin boards.

Separately, Junior Wonders features students on our website, local print and social media. Please indicate one of the following options regarding pictures being taken of your child.

\_\_\_\_\_ It is okay for my child to be photographed in JW related stories in local publications and/or the JW site.

\_\_\_\_\_ I Do Not Wish for my child \_\_\_\_\_ to be photographed in JW related stories in local publications and/or the JW site.

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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**

# M E D I C A L F O R M

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.

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## 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: \_\_\_\_\_

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

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

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

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

## Tuition Payment Agreement

**Program Theme: It's Hot....Hot....Hot... This June Junior Wonders will be Hot...Hot...Hot..  
Come join us in June for a fun adventure as we explore the Tropical Rainforest.**

### **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 2019 Program.

- **Payment:** \$595\*

### **Pre-K Group:**

Please enroll my child, \_\_\_\_\_, in the "Pre-K Group" (children  
currently aged 3 or in Pre-K) at Junior Wonders June 2019 Program.

- **Payment:** \$695\*

I understand that this program will begin on **Monday, June 3**, and conclude on **Friday, June 21**, and each session will begin at **9:00 am** and conclude at **12:00 pm**.

**\*Registration that is received by Friday, April 26, 2019, 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 26.

**After the discount period, registration (full price) will be open until Friday, May 10.**

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