

# Junior Wonders Nursery School – Enrollment Application School Year 2018-2019

448 Washington Avenue, Pelham, NY 10803 T: 914 738 6518 C: 917 617 0903 F: 914 355 2027 E: hope@playfulwonders.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 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 2018 and ending in May 2019.

I further understand that tuition payments are paid monthly, due on the first (1<sup>st</sup>) of each month. Tuition payments received after the seventh (7<sup>th</sup>) calendar day of the month will incur a \$25 late fee.

### Monthly Payments:

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

#### Monthly Tuition

_____ 5 day classes: Monday through Friday	\$625.00
_____ 3 day classes: Monday & Wednesday & Friday	\$495.00
_____ 2 day classes: Tuesday & Thursday	\$435.00

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

_____ 5 day classes: Monday through Friday	\$625.00
_____ 3 day classes: Monday & Wednesday & Friday	\$495.00
_____ 2 day classes: Tuesday & Thursday	\$435.00

#### **Pre-K Class** – Time: 8:45 AM to 11:45 AM

_____ 5 day classes: Monday through Friday	\$700.00
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Pre-K classes will dedicate two full sessions to STEM (Science, Technology, Engineering, and Mathematics) each week.

**Payments:** There are 10 equal payments, the first payment is the Registration Fee due with this application followed by nine (9) monthly tuition payments due from September 2018 through May 2019.

**All payments are non-refundable.**

Please make all checks payable to: “Playful Wonders”

\_\_\_\_\_  
**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 or may need to receive?** \_\_\_\_\_

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

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

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

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## Registration Fee - Receipt of Payment

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

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

### **Session Attending: 2s & 3s Classes**

\_\_\_\_\_ Monday through Friday (5 days)

**Registration Fee: \$625**

\_\_\_\_\_ Monday & Wednesday & Friday (3 days)

**Registration Fee: \$495**

\_\_\_\_\_ Tuesday & Thursday (2 days)

**Registration Fee: \$435**

### **Session Attending: Pre-K Classes**

\_\_\_\_\_ Monday through Friday (5 days)

**Registration Fee: \$700**

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

Date \_\_\_\_\_

**Registration Fees are Non Refundable.**

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Mary O'Connell, Junior Wonders