

# Junior Wonders Nursery School – Enrollment Application School Year 2020-2021

448 Washington Avenue, Pelham, NY 10803 T: 914 738 6518 F: 914 668 2070 E: juniorwondersoffice@gmail.com W: www.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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## 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 #** \_\_\_\_\_

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

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

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

I understand that my child may only be released to the person(s) entered, above. If parents wish to include additional names or omit current names to the authorized release form, parents are required to send us a written request by email or hard copy 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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## Tuition Payment Contract

Please enroll my child, \_\_\_\_\_, in Junior Wonders Nursery School for the entire 10 month school year commencing September 2020 and ending in June 2021.

I further understand and agree 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 \$20 late fee.

### Monthly Payments:

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

#### Monthly Tuition

_____ 5 day classes: Monday through Friday	\$665.00
_____ 3 day classes: Monday & Wednesday & Friday	\$530.00
_____ 2 day classes: Tuesday & Thursday	\$475.00

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

_____ 5 day classes: Monday through Friday	\$665.00
_____ 3 day classes: Monday & Wednesday & Friday	\$530.00
_____ 2 day classes: Tuesday & Thursday	\$475.00

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

_____ 5 day classes: Monday through Friday	\$750.00
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Pre-K classes will dedicate two full sessions to STEM (Science, Technology, Engineering, & Mathematics) each week.

**Payments:** There are 11 equal payments, the first payment is the Registration Fee due with this application followed by 10 monthly tuition payments due from September 2020 through June 2021.

The Program runs from September 2020 through June 2021 and parents signing this tuition payment contract are responsible for the registration fee and the 10 monthly tuition payments.

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 other 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 Classes**

_____ Monday through Friday (5 days)	<b>Registration Fee: \$665</b>
_____ Monday & Wednesday & Friday (3 days)	<b>Registration Fee: \$530</b>
_____ Tuesday & Thursday (2 days)	<b>Registration Fee: \$475</b>

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

_____ Monday through Friday (5 days)	<b>Registration Fee: \$665</b>
_____ Monday & Wednesday & Friday (3 days)	<b>Registration Fee: \$530</b>
_____ Tuesday & Thursday (2 days)	<b>Registration Fee: \$475</b>

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

_____ Monday through Friday (5 days)	<b>Registration Fee: \$750</b>
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Amount Received \_\_\_\_\_

Date \_\_\_\_\_

**Registration Fees are Non Refundable.**

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Mary O'Connell, Junior Wonders

**Registration Fee is made by check or cash. Monthly tuition payments may be made online.**