

Playful Wonders After-School Program – Enrollment Application – NO TRANSPORTATION

Application: School Year 2018 to 2019

Child's Name _____ M _____ F _____

Street Address _____ DOB _____

City _____ State _____ Zip Code _____

Home # (_____) _____ E-mail _____

Grade in September _____ School Name _____

Parent's Name _____ **Cell #** _____

Place of Business _____

Address _____ Phone _____

Parent'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 \$200.00 Registration Fee is required with this completed application.

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

Please email completed application or mail application & payment to:

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

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

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 authorize 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?**

*If your child requires medication during program hours, please complete the NYS Written Medication Consent Form.

Parent Signature

Date

Tuition Agreement - Applicant(s) Includes Transportation

The undersigned hereby enrolls _____
into **Playful Wonders After School Program** for the entire school year beginning in
September 2018 and ending in June 2019.

- I further understand that all fees are paid monthly, due on the first day of each month.
- Tuition received after the seventh (7th) day of the month will incur a \$25 late fee.

My child(ren) will attend _____ days a week, as follows:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday _____

Monthly Fees:

	<u>One (1) Child</u>	<u>Two (2) Children</u>
One Day / Week	\$215.00	\$365.00
Two Days / Week	\$360.00	\$595.00
Three Days / Week	\$460.00	\$760.00
Four Days / Week	\$540.00	\$890.00
Five Days / Week	\$590.00	\$980.00

Parent Signature

Date

Important Notes

- **Immunization / Medical Record:** A copy of your child’s Immunization Medical Record must be submitted with this application no later than July 31, 2018.
 - **Report Absences:** When your child is absent from school or has a playdate, it’s imperative that you inform us by 12:00 pm on the day that your child is scheduled to attend After-School.
 - Playful Wonders is not notified from your child’s classroom teacher when your child is absent from school or arranged a playdate.
 - **Parent Handbook:** Parents will receive the Playful Wonders Parent Handbook to review with their child(ren). Parents and children are asked to review the program’s policies and procedures. Then both parent and child(ren) are asked to sign and return to us the attestation page on the last page of the Parent Handbook in September 2018.
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Children’s Photographs - Permission

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

- 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: 9/2018 - 6/2019

Parent/Guardian _____

Address _____

Home Phone (_____) _____

- 1) Playful Wonders After-School Program accepts your child(ren) for the school term beginning September 2018 and ending in June 2019.
- 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) **A tuition payment 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. If a check is returned a second time, then cash payments must be made to the program.**
- 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 \$15.00.**

The signatures below are necessary to execute this agreement.

Parent/Guardian Signature

Date

Director's Signature

Date

Tuition Contract

Name of Child _____ School Year: 9/2018 - 6/2019

Parent/Guardian _____

Address _____

Home Phone (_____) _____

- 1) Playful Wonders After-School Program accepts your child(ren) for the school term beginning September 2018 and ending in June 2019.
- 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) **A tuition payment 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. If a check is returned a second time, then cash payments must be made to the program.**
- 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 \$15.00.**

The signatures below are necessary to execute this agreement.

Parent/Guardian Signature

Date

Director's Signature

Date

MEDICAL FORM

Child's Name _____ DOB _____

Home Address _____

General Physical and Emotional Status of Your Child

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

Immunizations

DTaP 1st _____ 2nd _____ 3rd _____ 4th _____

Polio 1st _____ 2nd _____ 3rd _____

MMR 1st _____ 2nd _____

HIB 1st _____ 2nd _____ 3rd _____ 4th _____

Hep B 1st _____ 2nd _____ 3rd _____

Varicella 1st _____ 2nd _____

PCV 1st _____ 2nd _____ 3rd _____ 4th _____

Medical History

Please list any conditions requiring special attention by the school _____

Are there any special services that your child is receiving? _____

The above named person was examined and found to present no hazards from contagious / communicable diseases and is in good health.

Physician's Name _____ Telephone # _____

Physician's Address _____

Physician's Signature _____ Date _____

Receipt of Payment
Applicant(s) Includes Transportation

Name of Parent _____

Name of Child _____

Amount Received _____ Date _____

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

A \$200.00 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