

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

Application: School Year 2019 to 2020

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 **also** be listed on the Authorized Release Form, page #2)

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.

Emergency Contact Person

Name _____

Relationship _____

Phone # _____

(Note: Spouses must be listed, if authorized)

Spouse 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 receive special services? _____

Does your child have any food allergies? _____

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 2019 and ending in June 2020.

- 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	\$220.00	\$380.00
Two Days / Week	\$375.00	\$620.00
Three Days / Week	\$480.00	\$790.00
Four Days / Week	\$565.00	\$925.00
Five Days / Week	\$615.00	\$1,020.00

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, 2019.

 - **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 by your child’s classroom teacher when your child is absent from school or arranged a play date.

 - **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.
 - Both parent and child(ren) are asked to sign the attestation page, on the last page of the Parent Handbook, and return to us in September 2019.
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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 – Program Copy

Name of Child _____ School Year: 9/2019 - 6/2020

Parent/Guardian _____

Address _____

Home Phone (_____) _____

- 1) Playful Wonders After-School Program accepts your child(ren) for the school term beginning September 2019 and ending in June 2020.
- 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 2019 and ending in June 2020.
- 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 – Parent Copy (will be mailed)

Name of Child _____ School Year: 9/2019 - 6/2020

Parent/Guardian _____

Address _____

Home Phone (_____) _____

- 1) Playful Wonders After-School Program accepts your child(ren) for the school term beginning September 2019 and ending in June 2020.
- 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 2019 and ending in June 2020.
- 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

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