

**Playful Wonders After-School Program – Enrollment Application – INCLUDES TRANSPORTATION**

**Application: School Year 2020 to 2021**

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 2020** and ending in **June 2021**.

- I further understand that all fees are paid monthly, due on the first day of each month.
- Tuition received after the seventh (7<sup>th</sup>) 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>Program</u> + <u>Transportation</u>	<b><u>One (1) Child - Monthly Tuition</u></b>
One Day / Week	\$225.00      \$6.00	<b>\$231.00</b>
Two Days / Week	\$390.00      \$12.00	<b>\$402.00</b>
Three Days / Week	\$495.00      \$18.00	<b>\$513.00</b>
Four Days / Week	\$580.00      \$24.00	<b>\$604.00</b>
Five Days / Week	\$635.00      \$30.00	<b>\$665.00</b>

	<u>Program</u> + <u>Transportation</u>	<b><u>Two (2) Children - Monthly Tuition</u></b>
One Day / Week	\$385.00      \$7.00	<b>\$392.00</b>
Two Days / Week	\$645.00      \$14.00	<b>\$659.00</b>
Three Days / Week	\$815.00      \$21.00	<b>\$836.00</b>
Four Days / Week	\$950.00      \$28.00	<b>\$978.00</b>
Five Days / Week	\$1,050.00      \$35.00	<b>\$1,085.00</b>

\_\_\_\_\_  
**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 August 31, 2020.
- **Report Absences:** When your child is absent from school or has a play date, 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 2020.

---

### **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: 9/2020 - 6/2021

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

- 1) Playful Wonders After-School Program accepts your child(ren) for the school term beginning September 2020 and ending in June 2021.
- 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 (1<sup>st</sup>) day of each month, beginning in September 2020 and ending in June 2021.
- 4) **A tuition payment received after the seventh (7<sup>th</sup>) 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** (copy will be mailed)

Name of Child \_\_\_\_\_ School Year: 9/2020 - 6/2021

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

- 1) Playful Wonders After-School Program accepts your child(ren) for the school term beginning September 2020 and ending in June 2021.
- 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 (1<sup>st</sup>) day of each month, beginning in September 2020 and ending in June 2021.
- 4) **A tuition payment received after the seventh (7<sup>th</sup>) 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**

## **Transportation Permission Form**

I hereby authorize Mary O’Connell, Director, Playful Wonders, or her designees permission to pick up my child(ren) \_\_\_\_\_

at his/her school and transport my child(ren) to the Playful Wonders After School Program located at the Siwanoy School, 489 Siwanoy Place, Pelham, Manor, N.Y. 10803.

Children will be transported by Red Oak Transportation, 307 Boston Post Road, Portchester, NY 10573; Telephone #: 1-800-477-5466.

\_\_\_\_\_  
**Parent/Guardian Signature**

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

### **Important Note:**

- **We will discuss the safety & behavior rules for riding in a vehicle with your children such as:**
  - **Children Must Wear Seat Belts**
  - **Children Will Remain Seated Until an Adult Unfastens Each Child’s Seat Belt**
  - **Children Should Never Open the Windows, Yell, Jump or Throw Objects**
  - **Children are fully responsible for all of their personal items including musical instruments.**
  
- **We carry an emergency kit and mobile phone, at all times.**
  
- **Only staff members that are qualified drivers will be allowed to transport children.**
  
- **NYS Transportation Consent Form Must Also Be Submitted with this Application.**



## 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            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 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