

Playful Wonders After School Program

977 Main Street
New Rochelle, New York 10801
(914) 632-1377 • (914) 439-5284
www.juniorwonders.com

2001 -20) (Enrollment Application

Name _____ M _____ F _____

Street Address _____

DOB _____

City _____ State _____ Zip Code _____

Home # (____) _____ E mail _____

Grade in Sept. _____ School Name _____

Mother's Name _____ Cell # _____

Place of Business _____

Address _____ Phone _____

Father's Name _____ Cell # _____

Place of Business _____

Address _____ Phone _____

Relative/Friend or Neighbor that can be contacted in an emergency:

Name _____ Phone _____

A \$75.00 Registration Fee is required with this completed application, of which \$25.00 is a processing fee and the remaining \$50.00 will be credited to your June payment.

Make all checks payable to Playful Wonders, Inc. Mail completed application and payment to:
Mary O'Connell, 977 Main Street, New Rochelle, New York 10801

Playful Wonders After School Program

Tuition Agreement

The undersigned hereby enrolls _____
into Playful Wonders After School Program for the entire school year beginning in
September, 2009 and ending in June, 2010. I further understand that all fees are paid
monthly, before the 15th of each month.

My child will attend _____ days a week as follows:

Monday_____Tuesday_____Wednesday_____Thursday_____Friday _____

Monthly Fees:	One Child	Two Children
One Day a Week	\$150.00	\$225.00
Two Days a Week	\$225.00	\$370.00
Three Days a Week	\$290.00	\$470.00
Four Days a Week	\$340.00	\$530.00
Five Days a Week	\$395.00	\$625.00

***For OLPH Students – There will be a \$10.00 monthly charge if your child stays until 6:00pm.
The fees listed in this application represent a 3 hour session, not a 3½ hour session.

A copy of your child's Medical Record must be submitted with this application or no later than September 30, 2009

Parent Signature

Date

Playful Wonders After School Program

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 give 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, give name, dosage and frequency _____

Does your child require administration of any medication during our program hours?

Parent Signature _____

Date _____

Playful Wonders After School Program

Authorized Release Form

My child _____ may be released to the following people in the event that I cannot be there. (Note: Spouses must be listed, if authorized)

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

Name _____

Relationship _____

Phone # _____

I understand that my child can be released to the above mentioned people only. If there are any changes or amendments, I understand that it must be submitted in writing, otherwise, my child will not be released.

Parent Signature _____

Date _____

Playful Wonders After School Program

Tuition Contract

Name of Child _____ School Year 9/09 - 6/10

Parent/Guardian _____

Address _____

Home Phone (_____) _____

- 1) Playful Wonders After School Program accepts the child/children for the school term beginning September, 2009 and ending in June, 2010.
- 2) The Parent/Guardian of the child/children agrees to pay Playful Wonders, Inc. the monthly tuition of _____.
- 3) Playful Wonders will accept 10 installments of this monthly tuition payable by the 15th of each month, beginning in September and ending in June. Part of the registration fee will be applied to the June tuition.
- 4) Any tuition check received after the 15th of the month will automatically have a \$10.00 late fee added. Playful Wonders does not distribute payment reminders. All returned checks will incur a \$25.00 returned check charge.

The signatures below are necessary to execute this agreement.

Parent/Guardian Signature

Date _____

Director's Signature

Date _____

Playful Wonders After School Program
Transportation Permission Form

I hereby give Mary O'Connell, Director of Playful Wonders, or her designee

permission to pick up my child/children _____

at his/her school and transport my child/children to the Playful Wonders After School

Program located in Pelham Manor, New York.

Parent Signature _____

Date _____

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Receipt of Payment

Name of Parent _____

Name of Child _____

Amount Received _____ Date _____

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

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Mary O'Connell, Director
