

Junior Wonders Nursery School

448 Washington Avenue, Pelham, New York 10803
Telephone (914) 738 – 6518 • Fax (914) 632 – 1323
www.juniorwonders.com

Enrollment Application 201& – 201' School Year

Name of Child _____ Boy _____ Girl _____

Street Address _____ DOB ____ / ____ / ____

City _____ State _____ Zip Code _____

Home Phone (____) _____ E – Mail address _____

Mother's Name _____

Place of Business _____ Cell # _____

Address _____ Work # (____) _____

Father's Name _____

Place of Business _____ Cell # _____

Address _____ Work # (____) _____

Local Emergency Contact - Person to contact in case you are unable to be reached:

Name _____ Home Phone _____

Street Address _____ City _____

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.....K YfYei jfY'U'bcblfYZ bXUV'YfY[jgUfUjcb'ZYk\ jW 'k j''j UfmiXYdYbX]b['cb'
.....\ ck 'a UbmXUng'Uk YY_ 'nci f'W j'X'k j''UfYbX''''
.....A U_Y'U''W YW_g'dUmUV'Ylc'D'UmZ ``K cbXYfgz'bw'

Junior Wonders Nursery School

Tuition Agreement

The undersigned hereby enrolls my child _____ into Junior Wonders Nursery School for the entire school year beginning in September, 201G and ending in June, 201H

MORNING SESSION: **8:45 AM - 11:15 AM – Two & Three Year Olds**
9:00 AM - 11:30AM – Four Year Olds

5 day class M-F	\$4JÍ .00
3 day class M-W-F	\$3Ì €00
2 day class T-Th	\$3H€00

AFTERNOON SESSION: **11:45 AM - 2:15 PM – Two Year Olds**

3 day class M-W-F	\$3Ì €00
2 day class T-Th	\$3H€00

12:15 PM – 2:45 PM – Three & Four Year Olds

3 day class M-W-F	\$3Ì €00
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All fees are due by the 1qhof each month. Make checks payable to Playful Wonders Inc. NO REFUNDS WILL BE GIVEN.

Parent/Guardian: (Please print) _____

Signature _____ Date _____

Junior Wonders Nursery School

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 # _____

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

Parent Signature _____ Date _____

On occasion Junior Wonders features our students on our website and in local newspapers, such as the Pelham Weekly. Please indicate below if you **DO NOT WANT** your child included. Please note that this does not pertain to class pictures and photographs displayed in our school.

_____ I **DO NOT WANT** my child, _____ photographed in school related stories in local publications and/or on the Junior Wonders website.

Parent Signature _____ Date _____

Junior Wonders Nursery School

Emergency Medical Treatment Form

I hereby give Irene Englisch and Isabelle Lombardi, Directors of Junior Wonders, or their 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 Telephone _____

I hereby give permission for my child to be transported to the nearest hospital in case of severe emergency.

Does your child have any food allergies? _____

Does your child receive special services in speech/language? _____

Parent Signature _____

Date _____

Junior Wonders Nursery School

Tuition Contract

Name of Child _____ School Year 9/1G- 6/1H

Parent/Guardian _____

Address _____

_____ Telephone _____

1. The School accepts the Child for the school term beginning in September, ~~201G~~ and ending in June, 201H
2. According to the program the Parent has chosen for the Child, the Parent/Guardian agrees to pay the monthly tuition of _____.
3. The School will accept nine installments of this monthly tuition, payable the 1st of each month. The first payment is due at the Open House Orientation before the school year begins or by September 15, 201G

*****The registration fee previously paid at the time of registration will satisfy the June tuition payment.**

*****This registration fee is not refundable.**

4. Any tuition checks received after the 1st of the month will automatically have a \$10.00 late fee added. Junior Wonders will not distribute payment reminders. All returned checks, regardless of their amount, will incur a \$30.00 Returned Check Charge.

The signatures below are necessary to execute this agreement.

Parent/Guardian Signature

Date

Director Signature

Date

Junior Wonders Nursery School

Tuition Contract

Name of Child _____ School Year 9/1G- 6/1H

Parent/Guardian _____

Address _____

_____ Telephone _____

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Parent/Guardian Signature

Date

Director Signature

Date

Junior Wonders Nursery School

Receipt of Payment

Name of Parent _____

Name of Child _____

Amount Received _____ Date _____

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

Session Attending: AM Class _____ PM Class _____ PreK/Science _____

Registration fees are not refundable
