

PLAYFUL WONDERS **SUMMER ENRICHMENT PROGRAM**

Mail Completed Applications: 977 Main Street
New Rochelle, New York 10801
738-6518 • Email: junior_wonders@yahoo.com

LITERATURE

SCIENCE

MATH

June 27, 2011 - July 28, 2011

Name _____ DOB _____

Address _____

Home Phone _____ Cell _____

E-Mail _____

Grade in September _____ Current School _____

Local Emergency Contact _____

Phone _____

Fees:	5 Weeks/20Sessions - 9:00am - 12:00pm	\$665.00
	4 Weeks/16 Sessions - 9:00am - 12:00pm	\$540.00
	3 Weeks/12 Sessions - 9:00am - 12:00pm	\$475.00

We Require a \$50.00 Deposit With This Application.
Please make checks payable to: Playful Wonders, Inc.
Full Payment is due by Friday, June 3, 2011

**A Medical Exam and Immunization Record is required if your
child does not currently attend Junior Wonders.**

TUITION AGREEMENT

The undersigned hereby enrolls my child _____ into the Summer Enrichment Program at Playful Wonders. **I am fully aware that there will be no refunds given after this application is handed in and accepted.**

My child will attend _____ days per week from 9:00am to 12:00pm on the following days:

Monday___ Tuesday___ Wed. ___ Thursday___

I understand that the Program will begin on Monday, June 27th and will end on Thursday, July 28th. I further understand that full payment is due by Friday, June 3, 2011.

Signature/Date

There will be a 10% discount if all fees are paid in full by Friday, April 15, 2011

Receipt of Payment

Parent's Name _____ Date _____

Child's Name _____ Amt. Received _____

Child's schedule _____

Balance due _____ *****Full Payment due by 6/3/11**

Signature

Summer Program Site:

**Christ the Redeemer Church
1415 Pelhamdale Avenue
(across from the N.Y.A.C.)
Pelham Manor, NY 10803**

PLAYFUL WONDERS **FUN WITH TWOS AND THREES**

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New Rochelle, New York 10801
738-6518 • Email: junior_wonders@yahoo.com

June 27, 2011 - July 28, 2011

Name _____ DOB _____

Address _____

Home Phone _____ Cell _____

E-Mail _____

Current School

Local Emergency Contact _____

Phone _____

Fees: 5 Weeks/20 Sessions - 9:00am - 11:50am \$595.00
4 Weeks/16 Sessions - 9:00am - 11:50am \$510.00
3 Weeks/12 Sessions - 9:00am - 11:50am \$485.00
2 Weeks/ 8 Sessions - 9:00am - 11:50am \$360.00

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My child will attend _____ days per week from 9:00am to 11:50am on
the following days:

Monday ___ Tuesday ___ Wed. ___ Thursday _____

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****Full payment due by 6/3/11**

Signature

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1415 Pelhamdale Avenue
(across from the N.Y.A.C. Club)
Pelham Manor, New York 10803**

Playful Wonders Summer Program

Emergency Medical Treatment Form

I hereby give Isabelle Lombardi, 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 Summer 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 _____