

Playful Wonders After School Program

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

Siwanoy Enrollment Application 2012 -2013

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 _____

(This person must be listed on the Authorized Release Form attached)

**A \$100.00 Registration Fee is required with this completed application,
of which \$50.00 is an administrative 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, 2012 and ending in June, 2013. I further understand that all fees are paid
monthly, due on the first of the month (grace period 7 days).

My child will attend _____ days a week as follows:

Monday_____Tuesday_____Wednesday_____Thursday_____Friday_____

Monthly Fees:

	<u>One Child</u>	<u>Two Children</u>
One Day a Week	\$155.00	\$260.00
Two Days a Week	\$253.00	\$430.00
Three Days a Week	\$327.00	\$555.00
Four Days a Week	\$385.00	\$655.00
Five Days a Week	\$445.00	\$750.00

**A copy of your child's Medical Record must be submitted with this
application or no later than September 30, 2012**

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 # _____

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 _____

On occasion Playful 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 photographs displayed at our center.

____ **I DO NOT WANT** my child, _____ photographed in after school related stories in local publication and/or the Playful Wonders website.

Parent Signature _____

Date _____

Playful Wonders After School Program

Tuition Contract

Name of Child _____ School Year 9/12 - 6/13

Parent/Guardian _____

Address _____

Home Phone (_____) _____

- 1) Playful Wonders After School Program accepts the child/children for the school term beginning September, 2012 and ending in June, 2013.
- 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 1st of each month (grace period of 7 days), 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 7th 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

Tuition Contract

Name of Child _____ School Year 9/12 - 6/13

Parent/Guardian _____

Address _____

Home Phone (_____) _____

- 1) Playful Wonders After School Program accepts the child/children for the school term beginning September, 2012 and ending in June, 2013.
- 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 1st of each month (grace period of 7 days), 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 7th 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

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Receipt of Payment

Name of Parent _____

Name of Child _____

Amount Received _____ Date _____

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

A \$100.00 Registration Fee is required with this completed application, of which \$50.00 is an administrative fee and the remaining \$50.00 will be credited to your June payment.

Make all checks payable to Playful Wonders, Inc.

Mary O'Connell, Director