

Playful Wonders Summer Program

(914) 439-5284

(914) 738-6518

maryoconnellplayfulwonders@gmail.com

junior_wonders@yahoo.com

Summer Enrichment

Name _____ DOB _____

Address _____

Home Phone _____ Cell _____

E - Mail address _____

Grade in September _____ Current School _____

Emergency Contact _____ Phone _____

Tee Shirt Size: _____XS (2-4) _____S (6-8) _____M (8-10)

The Program will be in session for 4 weeks, 5 days a week from Monday, June 24th through Friday, July 19th – 9:00am – 12:00pm

My child will attend (please check one of the following)

____ 4 weeks (5 days) \$680.00 ____ 3 weeks \$545.00 (5 days)

____ 4 weeks (4 days) \$590.00 ____ 3 weeks \$462.00 (4 days)

A \$50.00 deposit is required with this application to hold your child's spot in the program. Please make checks payable to **Playful Wonders**. Full payment is due by Friday, June 7, 2013.

A Medical/Immunization report is required if your child is not currently a student at Junior Wonders Nursery School

If you have any questions, please call 439 – 5284 or 738 – 6518

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 # _____

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, in local newspapers, such as the Pelham Weekly and on various social media sites, such as Facebook. **Please indicate below if you DO NOT WANT your child included.** Please note that this does not pertain to class pictures and photographs displayed on bulletin boards within our school.

_____ Please **DO NOT** feature my child's picture on the Junior Wonders website, in local newspapers, such as the Pelham Weekly or on various social media sites, such as Facebook

Playful Wonders Summer Program

Emergency Medical Treatment Form

I hereby give Irene Englisch, Director, or her designee, the
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? _____

Does your child take any medication? _____

Name of medication/dosage and frequency _____

Parent Signature _____

Date _____

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. I understand that the Summer Program will begin on Monday, June 24th and will end on Friday, July 19th. I further understand that full payment is due by Friday, June 7, 2013.

Signature/Date

There will be a 5% discount if all fees are paid in full by Thursday, April 11, 2013

**Please mail completed application with payment to
Mary O'Connell, 977 Main Street, New Rochelle, NY 10801**

Receipt of Payment

Parent's Name _____ Date _____

Child's Name _____ Amt. Received _____

My child will attend....please check one of the following:

___ 4 weeks (5 days) \$680.00 ___ 3 weeks \$545.00 (5 days)

___ 4 weeks (4 days) \$590.00 ___ 3 weeks \$462.00 (4 days)

Balance due _____ ***Full Payment due by 6/7/13

Signature

Summer Program Site: Christ the Redeemer Church
1415 Pelhamdale Avenue
(across from the NYAC Club)
Pelham Manor, New York 10803