

Junior Wonders June Enrichment Program - Application – 2017

Child's Information

Child's Name _____ Girl _____ Boy _____

Street Address _____ DOB _____

City _____ State _____ Zip _____

Home Phone _____ Email _____

Child's previous school experience (if any) _____

Language spoken at home _____ **By Caregivers** _____

Briefly tell us about your child: His or Her likes, preferences, strengths and weaknesses. You may use the back of the application _____

How did you learn about JW Nursery School? _____

Mother's Contact Information

Mother's Name _____ Mobile # _____

Place of Business _____ Office # _____

Business Street Address _____

Email _____

Father's Contact Information

Father's Name _____ Mobile # _____

Place of Business _____ Office # _____

Business Street Address _____

Email _____

Authorized Release Form

My child _____ may be released to the following person(s) in place of the child’s parent. “Local Emergency Contact” must be listed in this section, and **Spouses**, if authorized.

Full Name (Local Emergency Contact) _____

Relationship _____

Street Address _____ **City, State, Zip** _____

Telephone # _____

Full Name _____

Relationship _____

Telephone # _____

I understand that my child may only be released to the person(s) entered, above. If you wish to include additional names or omit current names to the authorized release form, please send us a signed request otherwise, we will not be able to release your child.

Parent Name	Parent Signature	Date
--------------------	-------------------------	-------------

Photographs of Children - Permission

Children’s photographs during any special events will be showcased on our school’s bulletin boards.

Separately, Junior Wonders features students on our website, local print and social media. Please indicate one of the following options regarding pictures being taken of your child.

_____ It is okay for my child to be photographed in JW related stories in local publications and/or the JW site.

_____ I Do Not Wish for my child _____ to be photographed in JW related stories in local publications and/or the JW site.

Emergency Medical Treatment Consent

I authorize permission to Junior Wonders to obtain emergency medical care for my child _____ in the event that a parent or legal guardian 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 grant permission for my child, _____, to be transported to the nearest hospital in the event of an emergency requiring hospital care.

Is your child currently taking any type of medication? _____ Yes _____ No

- If yes, please complete the following:

Medication Name: _____ **Condition:** _____

Dosage & Frequency: _____ **Possible Side Effects:** _____

Are there any allergies? Please specify _____

Are there any medical or developmental conditions requiring special attention? (i.e, behavioral concerns, learning disabilities or challenges), _____

Are there any special services that your child is receiving? _____

Parent Name

Parent Signature

Date

MEDICAL FORM

Child's Name _____ DOB _____

Home Address _____

General Physical and Emotion Status of Your Child

Kindly share any information that you believe may be helpful while your child is in session with us.

Immunizations

DTaP 1st _____ 2nd _____ 3rd _____ 4th _____

Polio 1st _____ 2nd _____ 3rd _____

MMR 1st _____ 2nd _____

HIB 1st _____ 2nd _____ 3rd _____ 4th _____

Hep B 1st _____ 2nd _____ 3rd _____

Varicella 1st _____ 2nd _____

PCV 1st _____ 2nd _____ 3rd _____ 4th _____

Medical History: Please list all childhood diseases / operations and dates:

Name of Disease _____ Date _____

If medication is taken regularly, please specify: _____

Operation Performed _____ Date _____

Physician's Name _____ Telephone # _____

Physician's Address _____

Physician's Signature _____ Date _____

Junior Wonders June Enrichment Program - Application – 2017

Tuition Payment Agreement

Program Theme: “Around the World in 15 Days,” where children will have their passports stamped as we travel through four continents, with stops in the following countries: **France, Kenya, China, Brazil**, and then back home to the U.S.

Fun w/ Ages 2s & 3s:

Please enroll my child, _____, in the “Fun with Ages 2s & 3s” Class (*children currently aged 2 or turning 3 years old this year*) at Junior Wonders June 2017 Program.

- **Payment:** \$545*

Pre-K Group:

Please enroll my child, _____, in the “Pre-K Group” (*children currently aged 3 or in Pre-K*) at Junior Wonders June 2017 Program.

- **Payment:** \$605*

I understand that this program will begin on **Monday, June 5**, and conclude on **Friday, June 23**, and each session will begin at **9:00 am** and conclude at **12:00 pm**.

Registration that is received by Friday, April 21, 2017, will receive a 5% reduction to the tuition payment. In order to receive this discount, a completed application & full payment with discount must be submitted by April 21.

When registering your child please include a \$100.00 deposit fee in order to secure a spot in the program. This deposit will **be credited to your Tuition Payment that is due in full by Friday, May 12.** Registration & Payment is Non Refundable.

Please Mail Completed Enrollment Application with Payment to:

Mrs. Mary O’Connell

977 Main Street, New Rochelle, NY 10801

Please Make Checks Payable to:

“Playful Wonders”

Parent Name

Parent Signature

Date

Junior Wonders June Enrichment Program - Application – 2017

Receipt of Payment

Parent's Name _____

Child's Name _____

Amount Received _____

Date _____

Sessions Attending:

Fun w/ 2's & 3's _____

(Children currently in 2 year-old classes)

Pre-K Group _____

(Children currently in 3 year-old & Pre-K classes)

Registration Charges are Non Refundable.

Mary O'Connell, Director, Junior Wonders