**Enrollment Application**

***All new registrations require a one-time non-refundable registration fee of $90.00***

**Child’s Information**

|  |  |
| --- | --- |
| Child’s Name: *(Last name) (First name)* | Entrance Ag Age: Years \_\_\_\_ Months \_\_\_\_\_ |
| Street address: | Birth Date: |
| Town: Zip Code: | Date child will start: |
| Has your child previously attended preschool or daycare center?  Yes \_\_\_\_ (where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) No\_\_\_\_\_\_ | Is your child toilet trained?  Yes\_\_\_\_ No\_\_\_\_? |

**Custodian #1 Information**

|  |  |
| --- | --- |
| Custodian’s    *(Last name) (First name)* | **RELATIONSHIP TO CHILD:** |
| Street address: | Home Telephone # |
| Town: Zip Code: |  |
| Business Address (Town and Zip Code): | Business Telephone # |
| Cell Phone: | **Email:** |

**Custodian #2 Information**

|  |  |
| --- | --- |
| Custodian’s  *(Last name) (First name)* | **RELATIONSHIP TO CHILD:** |
| Street address: | Home Telephone # |
| Town: Zip Code: |  |
| Business Address (Town and Zip Code): | Business Telephone # |
| Cell Phone# | **Email**: |

***PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**EMERGENCY CONTACT LIST**

These names will be the person The Wonder Years will contact after contacting you first, in the event of an emergency. Please make sure you notify The Wonder Years of any changes to this list.

***PERSON TO BE CALLED IN CASE OF AN EMERGENCY***

|  |  |
| --- | --- |
| Name: \_\_\_\_  *(Last name) (First name)* | **RELATIONSHIP TO CHILD:** |
| Street address: | Home Telephone # |
| Town: Zip Code: | Business Telephone # |
| Cell Phone# |  |

|  |  |
| --- | --- |
| Name: \_\_\_\_  *(Last name) (First name)* | **RELATIONSHIP TO CHILD:** |
| Street address: | Home Telephone # |
| Town: Zip Code: | Business Telephone # |
| Cell Phone# |  |

|  |  |
| --- | --- |
| Name: \_\_\_\_  *(Last name) (First name)* | **RELATIONSHIP TO CHILD:** |
| Street address: | Home Telephone # |
| Town: Zip Code: | Business Telephone # |
| Cell Phone# |  |

***PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_***

**Tuition Rates**

**(ALL RATES ARE SUBJECT TO CHANGE)**



***Registration Fee (non-refundable):***

**Tuition Rates:**

* Full Time 5 Full Days $195 /week

* Part Time 5 Half Days $150.00/week

8:30-12 noon

* Before and After Care $150.00/week
* Daily Rate Full Day $55.00 # of Full Days \_\_\_\_\_\_\_

Half Day $40.00 # of Half Days \_\_\_\_\_\_

(8:30-12 Noon includes lunch only)

**CCR&R Rate (i.e.: Programs for Parents)**



* Copayment /CCR&R



* Copayment /Center



* **Total Copayment**

**Total Weekly Tuition:** 



***Two Week Security Deposit (non-refundable) =***

***First Week Tuition Rate (non-refundable)=*** 

***Registration Fee (non-refundable)=*** 

***Monthly Copayment (if applicable) =*** 

***TOTAL ENCLOSED =***

***Check #/ $\_\_\_\_\_\_\_\_\_\_ Cash $ \_\_\_\_\_\_\_\_\_ Credit Card $ \_\_\_\_\_\_\_\_***

***PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Acknowledgment of Payment Policies**

**Tuition Payments and Late Fees**

If another payment schedule is necessary, please speak to the Director.

Tuition can be paid by check, cash, money order, or credit card. **We also now accept ZELLE.**

**Zelle Payment**

We accept tuition payments with ZELLE. **The email to process a payment with ZELLE is littlescholarnj@gmail.com**

**Credit Card Payment**

A credit card authorization form can also be completed and kept on file. This form will enable The Wonder Years to charge your credit card the first of the month for the full *monthly* tuition amount. Credit cards will only be processed 1x per month.

All credit card transactions will be assessed a 2.5% checkout fee will apply per transaction.

**Late Payment Fees**

All tuition payments are due by 6:00PM on Monday. If full payment for that week is not received by 6:00 PM Monday, a $25.00 late fee will be added. If the outstanding tuition balance is not paid in full by the following Monday by 6:00 PM, an additional $25.00 late fee will be applied for a total of $50.00. A $25.00 late fee will be added for every week full payment is not received.

If any outstanding balances are more than 2 weeks past due, your child will be removed from the school and all balances will be sent to a collection agency if not paid. You will be responsible for all applicable collection costs, court cost, attorney fees and any other fees associated with the collection of the outstanding balance. There are no exceptions.

**Returned Check Policy**

Check payments returned for any reason will be charged a minimum of $35.00 in addition to any late payment fees. If a check is returned, your tuition payment is considered late. If more than two checks are returned to The Wonder Years, only cash payment, money order or credit card will be permitted going forward.

**Subsidized Childcare Payments**

All parents receiving state/county subsidy for childcare payments must obtain a valid contract from the appropriate Child Care Resource and Referral Agency (CCR&R); i.e. : (Programs for Parents, CFR, The Urban League, 4C’s, etc.).

Parents are responsible for swiping the E-Childcare card everyday to record attendance**. If the ECC card is not swiped to record attendance, the parent will be responsible for all payments not made by the CCR&R**. Parents will also be responsible for any payments not made by the CCR&R such as registration, vacation days, sick time, etc. Please refer to the ECC requirements provided to you by the CCR&R for more details.

Parents are responsible for making sure their contract is current. If the contract is not current your child may be denied access to school.

**Copayments**

If a monthly copayment applies, all copayments are due in full on the first business day of the month by 6:00 PM. There are no exceptions. If payment is not received, a late fee will be assessed. There may be two copayments that apply.

The copayment determined by the CCR&R (if applicable) and the copayment determined by the center. The center’s copayment is the rate difference between the center rate and the CCR&R rate.

**Withdrawal Notification/Security Deposit:**

The Wonder Years Early Childhood Learning Center requires **two week written notice of withdrawal** prior to terminating a child’s registration from the program. A withdrawal form must be completed and given to the Director on or before you wish the two-week period to begin. The exact date of withdrawal must be specified on the withdrawal form.

The 2-week security deposit must and can only be used for the final two-week tuition payment only. The security deposit will NOT be refunded for any reason. Withdrawal forms can be obtained in the office. Failure to provide withdrawal notification in writing will result in loss of the deposit payment.

**Start Date**

Tuition will be due beginning the start date that you enter on the enrollment application. Please be sure you enter the correct start date on this form.

**Tuition Refunds/Credits**

No tuition refunds will be made for any reason. No tuition credits will be issued for sick days, vacation days, personal days, holidays, snow days, occasional absences or closures due to weather or any circumstances beyond our control.

**Vacation Policy Payment**

Full tuition payment must be paid prior to departure for vacation, if it is not, a late fee will be applied. Your enrollment space with The Wonder Years will not be held if tuition payment is not made in advance.

**Sibling Discount**

A 10% tuition discount will be applied to the oldest child and only one child.

**Third Party Checks**

A third party check is any check issued by someone else other than you, the parent/guardian. If a third party check is returned by the bank for any reason, you, the parent/guardian is responsible for the repayment of the check amount as well as the minimum $35.00 returned check fees and all additional late fees that apply.

**Late Pick Up Fee**

All children are to be picked up by the 6:00 PM or applicable Part time hour.  If a child remains in attendance after pick up time, a late fee of $1.00 for each minute that the child remains at the program after 6:00 p.m. will be charged to the parent or guardian regardless if a phone call has been made notifying the center of a late pickup. The program may refuse to provide services to any child who is picked up late four times within one school year.

**Change in Personal Information:** Parents are responsible for advising the center of changes in address, phone, work, emergency telephone numbers, any changes to the authorized pick-up list and medical conditions/allergies.

***The Wonder Years reserves the right to terminate a child’s registration due to unacceptable behavior or behavior deemed harmful to children or staff, or behavior causing disruption in the classroom on a regular basis.***

***PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_***

**PICK-UP LIST**

***(This must be completed and signed)***

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please supply us with a list of people that are responsible for picking up your child including parent/guardian. Your child will not be released to anyone who is not on your list. If someone, who is not on the pick-up list will be picking up your child. You must notify us in writing.

|  |  |  |
| --- | --- | --- |
| NAME | RELATIONSHIP TO CHILD | TELEPHONE # |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

***Anyone UNAUTHORIZED to pick up your child***

|  |  |  |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |

***PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Parental Authorization for Medical Treatment**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

|  |
| --- |
| Child’s Doctor and Telephone#: |
| Insurance Company: |
| Group # |
| ID # |
| **Existing Medical Conditions: (Please explain)**  **If a chronic medical condition exists, i.e.: epilepsy/asthma/allergy, an emergency action plan from the Dr. must accompany this form.** |
| **Allergies** |
| Medications presently being taken (a doctor’s prescription must be included) |
| Is there any medical apparatus on site at The Wonder Years? \_\_\_\_\_Yes \_\_\_\_\_No  If Yes, a doctor’s prescription is required including the dosage, and instruction on how to administer. |
| ***To be used by The Wonder Years Early Childhood Learning Center***  **Location of Medications/Medical Apparatus** |

I/We state that I/we are the parent(s)/guardian(s) having legal custody of the above child attest the information above is correct. I/We authorize The Wonder Years Early Childhood Learning Center to obtain emergency treatment for my child. I/We consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor at a recognized medical facility under the general or specific supervision of a licensed physician or surgeon.

**The following steps will be taken in an emergency:**

1. Call the emergency paramedics (911)
2. The parent/guardian will be contacted immediately through the telephone numbers on the enrollment application. If parent cannot be contacted the person authorized as the emergency contact will be called.
3. The child’s physician will be contacted if possible

**The Wonder Years will not be responsible for complications that may occur as a result of false, incomplete or inaccurate information on the child’s enrollment application or if information is not kept current.**

***Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_***

**Blanket Permission for WALKING TRIPS**

Center Name: The Wonder Years

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission for my child to participate in walking trips in the neighborhood around the center. I understand that the walking route is within the center’s neighborhood, includes no known safety hazards, and that the walks will not involve any entrances into any facility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

***Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**MEDIA/PHOTO CONSENT FORM**

**THE WONDER YEARS EARLY CHILDHOOD LEARNING CENTER**

**Child/ren’s Information**

Name Birth Date

1. **I GIVE permission** to release my child/ren’s name and photograph to the news media for publicity of The Wonder Years activities (e.g., picture of kids at a fundraiser). I give permission for photographs of my child/ren to be used in The Wonder Years printed and website materials.

**Parent or guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ***I DO NOT GIVE permission*** to release my child/ren’s name and photograph to the news media for publicity of The Wonder Years activities (e.g., picture of kids at a fundraiser). I do NOT give permission for photographs of my child/ren to be used in The Wonder Years printed and website materials.

**Parent or guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Card Authorization Form**

I hereby give **The Wonder Years Early Childhood Learning Center** permission to charge my credit card indicated below, on a monthly basis for my child’s preschool full monthly payment. The Wonder Years Early Childhood Learning Center will process the chargeon the first business day of every month for the full month tuition amount, beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until enrollment is terminated in writing.

***NO BILL IS SENT, THE WONDER YEARS WILL AUTOMATICALLY CHARGE YOUR ACCOUNT EACH MONTH.***

|  |
| --- |
| **Cardholder Name:** |
| **Phone:** |
| **Child’s Name:** |
| **Billing Address:** |
| **City:** |
| **State/Zip Code:** |
| **Credit Card Type *(circle one):* VISA MASTERCARD DISCOVER DEBIT** |
| **Account Number:** |
| **Expiration Date:** |
| ***Security Code (3-digit):*** |
| **Signature: Date:** |

**PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS**

**Family Handbook Acknowledgement**

Please sign this acknowledgement and return it with this enrollment application. I have read and understand all the policies and procedures in this handbook including but not limited to:

* Information to Parents Document
* Policy on the Release of Children
* Positive Guidance and Discipline Policy
* Parent Notification Methods Policy
* Communicable Disease Policy
* Expulsion Policy
* Use of technology and Social Media Policy

The Handbook may be updated from time to time, and notice will be provided as updates are made.

Thank you for your cooperation, and we look forward to getting to know you and your family.

I have received The Wonder Years’ **Family Handbook**. It is my responsibility to understand and familiarize myself the Family Handbook and to ask center management for clarification of any policy, procedure or information contained in the **Family Handbook** that I do not understand.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Recipient Signature |  | Date |
|  |  |  |
|  |  |  |
| Child’s Name |  |  |