



Enrollment Packet

Wonder Awhile Nursery School

SCHOOL FINANCES

WONDER AWHILE NURSERY SCHOOL

The annual tuition at Wonder Awhile Nursery School, a not for profit organization, is determined by our total expenses for the year: salaries for the Director, teachers and custodian, 5% of tuition donation to the United Methodist Church to support the mission, supplies, field trips, maintenance and continuing education for the staff. A copy of our budget is available for you to see upon request. Excess revenue, if any, maintains and improves our school and its programs.

Tuition guidelines are as follows:

Four (4) sessions a week is \$2070.00 or \$230.00 per month for nine (9) months.

Three (3) days a week is \$1620.00 or \$180.00 per month for nine (9) months.

Two (2) sessions a week is \$1170.00 or \$130.00 per month for nine (9) months.

Student receiving a scholarship is \$630.00 or \$70.00 per month for nine (9) months for two (2) sessions per week.

Monthly tuition is due the first week of each month. Please make checks payable to: Wonder Awhile Nursery School. On the memo line of your check please write your child's name. Please pay in a timely manner so your child is able to regularly attend.

We offer parents the convenience of paying this tuition in full, in quarterly or monthly installments. If other arrangements need to be made, please speak with our Director. However, please understand that this is an annual tuition. Any loss of revenue due to the withdrawal of a child places an undue burden on our resources and may result in our being unable to meet expenses. Of course, withdrawal of a child for a valid reason such as illness or relocation voids the Tuition Contract signed at the beginning of the school year.

If you have any questions concerning our budget, please do not hesitate to ask. Scholarship aid is available on a limited basis for children in two days a week programs who could not otherwise financially attend nursery school. Applications for these partial scholarships are kept confidential. The forms are attached to the back of this registration packet.

TUITION CONTRACT

Child's Name: _____

Days in Attendance: _____

Tuition Due monthly: _____

I hereby certify I _____ will pay the above fee
(print name)

at the beginning of each month. I fully understand that if payment is not received by the first of the month my child(ren) will not be permitted to attend until payment is received. Checks will be made payable to Wonder Awhile Nursery School. Please put your child's name in the Memo Spot.

Signature

Date

CHILD'S EMERGENCY INFORMATION

Date: _____

Name of Child: _____ Birthdate: _____

Address: _____ Telephone: _____

Name:	Father's Name:	Mother's Name:
Home Phone:		
Cell Phone:		
Address:		
Place of Employment:		

	Name	Address	Phone
Family Physician:			
Dentist:			
Vision Doctor:			
Other Specialists:			

If parent cannot be reached by telephone during the time that child is at the Wonder Awhile, please list information who other than the parent to be contacted in case the parent cannot be reached in an emergency:

Name	Address	Phone

If child is in full or part-time child care, please list the child care provider(s) name, telephone number(s), and days in their care:

Name	Address	Phone

Name of persons who are permitted to remove your child from Wonder Awhile:

Name	Address	Phone

Medical Information

Child's Age: _____ Height: _____ Weight: _____

Brief Medical History/Special Healthcare Needs:

Known allergies: Medications, foods, bee stings, latex, etc. (See specific Healthcare Plans)

Medication(s): For What Condition: Dosage: Frequency:

Side Effects: _____

Staff training meeting (regarding child's special healthcare needs):

Training:

Date:

Child's Name _____

Nickname (if any) _____

Living Arrangement

Who does the child live with? _____ Mother _____ Father _____

Other, Please specify: _____

Total number of people living in home: _____ number of adults _____ number of children

List all persons living in the same household as the child:

Name	Relationship	DOB/Age

Medical History

Has your child had:

- ____ Asthma ____ Headaches ____ Allergies
____ Over Tired ____ High Fevers ____ Snoring/difficulty Breathing
____ Vision problems ____ Seizures ____ Date of last seizure (if applicable)

Tell us about your child :

Favorite games and/or toys

Favorite books or stories

Favorite foods

Permission for Treatment

I hereby give my consent, in the event of a medical emergency, when I cannot be contacted, for Wonder Awhile Staff to obtain whatever treatment may be deemed necessary for:

(Child's Name)_____.

This authorization includes my consent for the above named child to receive treatment by an Emergency Medical Technician (EMT) and/or a physician in any hospital emergency department. I hereby give my authorization for emergency medical treatment as outlined above.

Parent Signature: _____

Date: _____

Witness/Provider Signature: _____

Date: _____

Insurance Information

Child's Name: _____ Date of Birth: _____

Known Allergies: _____

Health Care Provider: _____ Policy #: _____

Address: _____ Phone #: _____

Given to:

Emergency Card File: ____ Child's Personal File: ____ Preschool Teacher: ____

Permission for Walking Trips

I give permission for my child to go for a walk around the neighborhood with the Staff of Wonder Awhile Nursery School during operational hours.

Name of Child: _____

Signature of Parent/Guardian

Permission for Sunscreen

I give permission for the Staff of the Wonder Awhile to apply sunscreen on my child during operational hours. If you prefer a certain brand of sunscreen you will need to provide it.

Name of Child: _____

Signature of Parent/Guardian

Permission for Lip Balm

I give permission for the Staff of Wonder Awhile to apply lip balm on my child during operational hours. If you prefer a certain brand of lip balm please provide it with your child's belongings.

Name of Child: _____

Signature of Parent/Guardian

Permission for Lotions and Creams

I give permission for the Staff of Wonder Awhile to apply body lotion and/or diaper cream on my child during operational hours. If you prefer a certain brand of lotion please provide it with your child's belongings.

Name of Child: _____

Signature of Parent/Guardian

Permission for Bug Spray

I give permission for the Staff of the Wonder Awhile to apply bug spray on my child during operational hours. If you prefer a certain brand of bug spray please provide it with your child's belongings.

Name of Child: _____

Signature of Parent/Guardian

Permission to Celebrate Holidays

I give my child permission to celebrate the following holidays at Wonder Awhile. By celebrating these holidays the children will be involved in holiday specific activities and holiday visitors (ex. Santa at Christmas). Holidays that we celebrate include: New Years, Valentine's Day, St. Patrick's Day, Easter, Mother's Day, Father's Day, Independence Day, Columbus Day, Halloween, Thanksgiving, Hanukkah, Christmas, Kwanza. If your family celebrates a holiday not listed and you would like us to incorporate it into our planning and at Wonder Awhile please list it here:

Name of Child: _____

Signature of Parent/Guardian

Date (valid for one year from date of all signatures)

Permission for Picture/Video Taking

Please indicate by checking the appropriate place below, whether or not you give permission for picture taking or video taping of your child at Wonder Awhile. Pictures and videotaping will sometimes be done at nursery school on special occasions such as holiday parties, and other special events.

Pictures may be taken by Wonder Awhile staff, media, personnel, or outside funders. Some Internal/External ways they may be used include: newspaper articles; displays at the school; the Wonder Awhile web site, thank you cards for various individuals; Wonder Awhile brochures and informational pieces; slide/video presentations to Board of Directors and community organizations.

Videotaping will be done by Wonder Awhile staff or family member volunteers. Some of the ways in which these tapes may be used would be staff training, medical/behavioral monitoring, diagnostic purposes, parent information, etc.

Whenever possible, staff will inform parents of media visits, and other picture taking/video events ahead of time.

Name of Child: _____

Signature of Parent/Guardian

Date (valid for one year from date of signature)

External picture taking is okay (media/brochures/website/annual reports).

Internal picture taking is okay (agency only/cubbies/*Not to leave* the building).

Videotaping is okay.

Please do not allow my child to be photographed or video taped.

Special circumstances or comments:

Dear Families,

We need your help. Please choose any of the following areas you would like to share your skills:

_____ Parent Teacher Organization Member (attend monthly meetings 6:00 – 7:00)

_____ Coordinate Volunteers

_____ Donated items for the Wish List

_____ Assist with Field Trips

_____ Assist with Playground Maintenance

_____ Assist with Christmas Fair (October - 1st Saturday in December)

_____ Assist with collecting items for Christmas Fair Silent Auction (October/November)

_____ Assist with Basket Auction (April)

_____ Assist with other fundraising opportunities as needed

_____ Share a talent

List talent _____

Name:

Child's Name:

Phone number: