Small Wonders Preschool

Registration Application

1900 Westfall Road Rochester, NY 14618
Phone: 585-371-1438
Email: SmallWondersRoc@gmail.com
Website: www.SmallWondersRoc.com

CHILD'S INFORMATION

Child's Full Name: _____ Date of Birth: ____/____/____ (must be four by 12/1 ; 3 by 9/1)

Name the Child Goes By: _____ Street Address: _____

Gender: Male Female Other City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: _____ **Parent/Guardian's Name:** _____

Relationship to Child: _____ Relationship to Child: _____

Street Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Cell Ph: _____ Home Ph: _____ Cell Ph: _____ Home Ph: _____

Employer: _____ Employer: _____

Position/Title: _____ Position/Title: _____

Work Hours: _____ Work Ph: _____ Work Hours: _____ Work Ph: _____

Email Address: _____ Email Address: _____

EMERGENCY CONTACTS

Please list any additional emergency contacts authorized to act for the parents/guardians in an emergency:

Name: _____ **Name:** _____

Relationship to Child: _____ Relationship to Child: _____

Cell Ph: _____ Home Ph: _____ Cell Ph: _____ Home Ph: _____

PICK-UP AUTHORIZATION

Please list any additional contacts, other than the parents/guardians and emergency contacts, authorized to pick-up your child:

Name: _____ **Name:** _____

Cell Ph: _____ Home Ph: _____ Cell Ph: _____ Home Ph: _____

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FAMILY INFORMATION

Does the family have a parenting plan with the child splitting time between parents/guardians? ☐ Yes ☐ No

If yes, please describe the parenting plan: _____

_____

Does the family have a custody order that restricts one parent's access to the child? ☐ Yes ☐ No

If so, briefly describe it here (a Certified Court-Ordered Custody Order must be submitted with this form): _____

_____

Please list all adults living in the child's household(s) and their relationship to the child (parent, grandparent, etc.):

Name: _____ **Name:** _____

Relationship to Child: _____ Relationship to Child: _____

Name: _____ **Name:** _____

Relationship to Child: _____ Relationship to Child: _____

Please list any other children in the family:

Name: _____ **Name:** _____

DOB: ____/____/____ School: _____ DOB: ____/____/____ School: _____

Name: _____ **Name:** _____

DOB: ____/____/____ School: _____ DOB: ____/____/____ School: _____

MEDIA CONSENT

During the school year, the staff at Small Wonders may want to interview, photograph, or videotape your child for promotional materials and social media. The photographs and videos may be of groups of children or individuals. No names will be used.

☐ Yes, permission is granted for my child.
☐ No, permission is not granted for my child. Please do not publish any interviews, photographs, or videos of my child.

SUPPORT SERVICES/SPECIAL NEEDS

Does your child receive any of the following support services:

☐ IEP (please provide a copy)
☐ Early Intervention
☐ Special Education
☐ Occupational Therapy
☐ Speech/Language Therapy
☐ Physical Therapy
☐ Other (please explain) _____

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CHILD'S MEDICAL INFORMATION

Does your child have any medical condition(s) that requires ongoing care? ☐ Yes ☐ No

If yes, please explain: _____

_____

Does your child have any allergies? ☐ Yes ☐ No

If yes, list all allergies and indicate severity:_____

_____

_____

***You will be required to submit an Allergy Action Plan**

Does your child require an EpiPen? ☐ Yes ☐ No If yes, for what? _____

List any medications your child is currently taking and the dosage: _____

_____

Anything else we should know? _____

_____

Name of Pediatrician: _____ Practice Name: _____

Phone: _____ Address: _____

CHILD'S PERSONALITY & DEVELOPMENT

Do you have any concerns regarding your child's development or behaviors that you want to share with us?_____

_____

Which of the following words best describe your child's personality? Check all that apply.

☐ Adaptable	☐ Shy/Quiet	☐ Happy	☐ Adventurous	☐ Playful
☐ Mature	☐ Mischievous	☐ Affectionate	☐ Strong Willed	☐ Inquisitive
☐ Quick tempered	☐ Cautious	☐ Friendly	☐ Confident	☐ Easy-Going
☐ Reserved	☐ Sensitive	☐ Energetic	☐ Independent	☐ Calm

What are some of your child's favorite things to play at home? _____

_____

Does your child have any special interests? _____

Does your child play with children from other families? _____

How does your child react when he or she does not get their own way? _____

Anything else we should know? _____

_____

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PARENT/GUARDIAN DECLARATIONS

Initials **Please affirm the following declarations:**

_____ I have read the Small Wonders Preschool Family Handbook and agree to follow all of the policies.

_____ My child is up-to-date on their immunizations. I will submit an up-to-date certificate of immunization.

_____ I hereby authorize emergency medical care for my child. In the event of an accident or illness, I grant permission to the Small Wonders Preschool staff or representatives to administer necessary first aid and/or call an ambulance to take my child to the nearest medical facility for additional care.

_____ I have reviewed the tuition payment schedule and agree to the outlined tuition policies.

_____ I agree to promptly notify Small Wonders Preschool of any changes to my child's demographics, medical/ behavioral needs, or any important information needed to properly care for my child.

_____ I understand that the application fee is non-refundable and non-transferable. The application fee covers administrative costs and will not be applied towards tuition. I acknowledge that I will need to pay the tuition deposit to reserve my child's placement should my application be accepted. The tuition deposit is non-refundable.

PRESCHOOL AGREEMENT

Our promise to you:

- Provide a loving, nurturing, and supportive environment for children
- Offer opportunities for children to grow cognitively, emotionally, socially, and physically
- Communicate pertinent information with you about your child and our program

Your promise to us:

- Follow all established Small Wonders Preschool policies and procedures
- Follow payment procedures in a timely and accurate manner
- Read and discuss rules and updates with your child
- Inform us of any changes in registration information, attendance, or payment options

PARENT/GUARDIAN SIGNATURE

I have read the above terms and understand that by signing, I agree to follow all outlined terms and conditions
A $100 non-refundable application fee must be submitted with this form for Small Wonders Preschool to process the application

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: ____/____/____

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Registration & Tuition Policy and Procedure

Procedure:

1. Complete the Registration Application electronically or download and print to mail.
2. Pay the non-refundable/non-transferable $100 application fee. Application fees may be paid electronically utilizing the Pay Online feature found on our website. You may also mail a check or hand-deliver to the Small Wonders locked drop box located at 1900 Westfall Road, Rochester NY 14618.
3. Small Wonders Preschool will contact you to confirm your placement. Should your application be accepted, you will receive a contract to sign and make a $200 tuition deposit to secure your child's spot at SWP. The deposit will be applied to your annual tuition.

Schedule:

November 15th - Application Period Opens For Currently Enrolled Families

December 1st - Application Period Opens For General Public

February 1st - Registration confirmations and contracts will be sent to families

April 1st - Signed contracts and tuition deposits are due to reserve placement

August 1st - Medical Forms and Immunization Records are due

5-day 4-year-old program, M-F 9:00 am-12:00 pm

***Total Annual Tuition**

$4,430

* Tuition Deposit	*Net Annual Amount	*Net Monthly Amount
$200	$4,230	$470

3-day 3-year-old program, T, W, Th 9:00 am-12:00 pm

***Total Annual Tuition**

$2,540

* Tuition Deposit	*Net Annual Amount	*Net Monthly Amount
$200	$2,340	$260

*The registration application fee of $100 is not applied to the annual tuition rates. The registration application fee covers administrative costs. The tuition deposit of $200 will be applied to yearly tuition and will reserve your child's spot at Small Wonders Preschool.

Tuition Payment Options

A. Tuition may be paid in full by September 1 at the rate of $4,230(4s)/$2,340(3's)

B. Tuition may be paid monthly at the rate of $470(4s)/$260(3s)

Monthly payments are due on the first day of the month, September – May for a total of 9 payments.

* Tuition not received by the 5th day of the month will be subject to a 10% late fee.
* Unpaid tuition and interest by the 10th day of the month will result in temporary suspension until payment is received.
* There is a $50 handling charge for each check returned by the bank for insufficient funds or any other reason.