

# WONDER SCHOOL REGISTRATION 2019-20



Thank you for your interest in Wonder School, a laboratory preschool collaboration between Columbus State Community College (CSCC), Columbus Museum of Art (CMA), and The Childhood League Center (TCLC). Wonder School fosters curiosity and discovery in an arts-rich, child-centered, responsive learning ecosystem for young children and the next generation of early childhood educators.

Wonder School is seeking children for school year 2019-20. To be eligible for enrollment, children must be:

- Between the ages of 3 and 5 years when the school year begins,
- Available to attend a part-time program, September through May, Monday through Thursday, from 9:00 am to 12:00 pm,
- Have transportation to and from Wonder School's locations: at The Childhood League Center on Monday-Wednesday and the Columbus Museum of Art on Thursdays.

**To secure a spot in Wonder School, please complete this Application and Family Contract\* and return them by email to Stacey Raymond, CSCC Early Childhood Development and Education Resource Lab Coordinator, at [sraymon1@csc.edu](mailto:sraymon1@csc.edu) with the subject line "Wonder School Enrollment!"**

Because space is limited, we will be accepting submitted registrations for children who meet the above requirements. First come, first served. Families whose forms arrive after the class is full will be placed on a waiting list.

Admitted students will receive the complete registration packet. Once this information has been sent, you will have 10 business days to submit the additional required forms\*\* and a non-refundable \$50 registration fee before your slot will be given to a child on the waiting list.

\*We ask that you complete the Family Contract, though it will only apply if your child secures a spot in Wonder School.

\*\*To finalize enrollment, families must return all enrollment forms required by Wonder School and by the Ohio Department of Job and Family Services (ODJFS). These include: *Wonder School Application; Emergency Contact information; Authorized Pick Up form; Family Authorizations; Family and Child Profile; ODJFS Child Enrollment and Health Info for Child Care; ODJFS Child Medical Statement for Child Care; ODJFS - Child Care Plan for Health Conditions or Medical Procedures for Child Care Centers and Type A Homes; ODJFS - Routine Trip Permission for Child Care; Wonder School Family Contract - Tuition and Fees*



# WONDER SCHOOL APPLICATION 2019-20



Child's Name : \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

*(please circle the number at which it is best to reach you between 8:00 am and 1:00 pm)*

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Can we contact you via: \_\_\_\_\_ phone \_\_\_\_\_ email

If by phone, do we have permission to leave a message at this number: \_\_\_\_\_ yes \_\_\_\_\_ no

**Parent/Guardian 2 Name:** \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Other phone: \_\_\_\_\_

*(please circle the number at which it is best to reach you between 8:00 am and 1:00 pm)*

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Can we contact you via: \_\_\_\_\_ phone \_\_\_\_\_ email

If by phone, do we have permission to leave a message at this number: \_\_\_\_\_ yes \_\_\_\_\_ no

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

**Parent/Guardian printed name:** \_\_\_\_\_

## FOR OFFICE USE ONLY

Date received: \_\_\_\_\_

Application Received by: \_\_\_\_\_

Registration fee: \_\_\_\_\_

Notes:



# WONDER SCHOOL 2019 FAMILY CONTRACT - TUITION & FEES



Once my child's slot is confirmed in Wonder School, I agree to the following:

1. To pay a **Registration fee of \$50.00**. I understand that this fee is non-refundable, non-applicable toward tuition, and, when submitted with the necessary paperwork, secures my child's space in Wonder School's 2019-20 school year
2. I agree to pay **\$4,000.00 tuition annually for the 9-month program**.
  - I understand that the first payment is due **30 days before school begins, August 2, 2019**.

I understand that I have the following options in payment schedule:

- Annually: **\$4000.00 due August 2, 2019**
  - Two installments of **\$2000.00 due August 2, 2019 and February 3, 2020**
  - Monthly installments of **\$450.00 due August-April, first of each month**
  - Payment can be made by check (made out to Columbus State Community College/CSCC) or be paid by credit card at the cashier's office (second floor of Rhodes Hall on the CSCC campus). Checks may be brought to the Wonder School or the cashiers office may be reached by contacting Jakkii Smith, head cashier, jsmit108@cscce.edu or 614.287.2615
3. Vacations, absences, inclement weather days, and holidays outside of regularly-scheduled Wonder School holidays will not be prorated or discounted.
  4. **I agree to give 30 days' notice of withdrawal** should I need to withdraw my child before the end of the school year. I understand that prepaid tuition for the remainder of the year will be returned to me, **with the exception of a \$50.00 withdrawal processing fee**.
  5. I understand it is my responsibility to read and complete the required registration forms, and that until I do so, my child's space will not be held for me.
  6. I understand that a family handbook is forthcoming, and that once I receive it, it is my responsibility to read it thoroughly and communicate any questions I have to **Melanie Adams, madams@cscce.edu, 614.287.5411**.
  7. Children will not be released to anyone without written permission from the parent/guardian. Children will not be released to an adult who appears to be under the influence of drugs or alcohol.

This contract is subject to change by Wonder School. Wonder School reserves the right to change the terms of this agreement and/or provide additional rules or regulations and will provide notice and copies of the changes or additions to the parent/guardian. The parent/guardian will advise the center immediately upon any change of address, phone number or employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Preferred Payment Schedule (circle one):      Annually      Two-Installment      Monthly

