

## Application Form

Academic Year \_\_\_\_\_

### Childs Information

Childs First Name: \_\_\_\_\_ Childs Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Allergies: \_\_\_\_\_

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### Parents Information

Parent/Guardian #1: \_\_\_\_\_ (print name)

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation & Title: \_\_\_\_\_ Employers Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Awakening little minds.

Parent/Guardian \_\_\_\_\_ (print name)

#2: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation & Title: \_\_\_\_\_ Employers Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parents – Please check a box  Married  Separated  Divorced  Deceased

If father remarried, stepmother’s name: \_\_\_\_\_

If mother remarried, stepfather’s name: \_\_\_\_\_

**Sibling Information**

Siblings Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

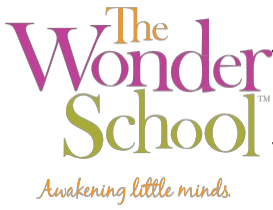
Siblings Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

Siblings Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_

**In the table below, please indicate in which program you wish to enroll your child. Space is limited so please select at least two options in order of preference.**

<b>Toddler</b>	8:00am-5:30pm	8:30am-3pm	8:30am-12:00pm
5 Days			
3 Days			

<b>Preschool</b>	8:00am-5:30pm	8:30am-3pm
5 Days		
3 Days		



We understand that a non-refundable deposit of \$275 for the academic year is required along with a signed copy of this application form. If our child is accepted, a \$500 non-refundable tuition deposit is due on May 15th 2024 and applied to your June 2025 payment. The academic school year is a 37 week/10-month program from September 2024 till June 2025. The program is a 10-month commitment. New Enrollments throughout the school year are also subject to the financial commitment to the full school year.

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

**Please return this application form and the application fee to:**

The Wonder School  
37 White Street,  
Belmont, MA  
02478

**Please contact us with any questions at:**

Tel: 617-932-1175

Email: [info@thewonderschools.com](mailto:info@thewonderschools.com)

*The Wonder School does not discriminate on the basis of race, gender, religion, cultural heritage, political beliefs, marital status, sexual preference, disability or national origin.*

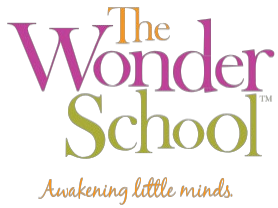
**For School Use Only**

Date Rec'd \_\_\_\_\_

Class \_\_\_\_\_

Age at Admission \_\_\_\_\_

Date of Admission \_\_\_\_\_



## Tuition

Child's name: \_\_\_\_\_ Age group: \_\_\_\_\_

Number of days attending: \_\_\_\_\_ Days attending: \_\_\_\_\_

Hours: \_\_\_\_\_ Monthly tuition: \_\_\_\_\_

Tuition is fixed for the academic year depending on the program the parent chooses. The academic school year is a 37 week/10 month program from September 2024 till June 2025. There is no refund for absence, sickness, withdrawal, relocation, weather caused by school closing or parent-opted vacations.

If for some reason the student cannot attend for any given amount of time they still have to pay the tuition dues.

Billing options include a one-time payment at the start of the year or 10 monthly payments due on the first of every month. There will be a late fee penalty of \$50 if monthly tuitions are not paid on time. Checks should be made payable to The Wonder School. All returned checks will carry a \$35 late fee. Please refer to the current tuition and payment schedule for more information on dues.

In order for us to follow the daily schedules for all our students, it is essential that you pick up your child in a timely manner. The pick-up times are 2:45-3:00pm for Full Day and 4:45-5:30pm for the extended day. After 5:30pm, there is a late fee of \$1.00 per minute and a \$50 late fee after 5 minutes. We understand that circumstances arise when you can be late and will base fees upon the director's discretion.

\_\_\_\_\_  
*Director*

\_\_\_\_\_  
*Parent Signature/Date*