Application for Enrollment

Child Information

Date _____

1 st Child								
Last Name		First N	lame			MI	Nickname	
Entering Grade	[] Male []Femal	e	Age		Birth Date		Birth City/State	
				MO / YR			City:	State:
Existing medical of	conditions, medications	s and/o	r specia	l attention y	our child may	/ requi	e	
				VIII				
Allergies					1/12			
Pediatrician's Nar	ne	Phone	2		Address			
					E			
Photos: May we t	ake and maintain a ph	oto of y	our chil	d for securi	ty and adverti	semen	t purposes?	
[]Yes []No				WG EXCEL				
Program of Enrol	Iment			Days of th	e Week in Car	re		
Kindergarten		2 nd Grac	le	-			[] Thurs [] Fri	
	the let	ith on a		[]	[][]	[][]	
2 nd Child	3 rd Grade4 th Grade5 th Grade							
Last Name		First N	lame			MI	Nickname	
		· ···se ·	anne					
Entering Grade	[] Male []Female	2	Age		Birth Date		City/State	
		-	1.90	MO / YR				State:
Existing medical of	conditions, medications	and/o	r specia	lattention	l /our child may	, requi		
		, and, o	speera		, eur enna may	, equi		
Allergies	Allergies							
Pediatrician's Nar	ne	Phone	2		Address			
			•		71001000			
Photos: May we t	ake and maintain a nh	nto of v	our chil	d for securi	tv and adverti	semen	t nurnoses?	
Photos: May we take and maintain a photo of your child for security and advertisement purposes? []Yes []No								
Program of Enrollment Days of the Week in Care								
Program of Enrollment Preschool [] Kindergarten[]			[] Mon [] Tues [] Wed [] Thurs [] Fri					
					[] Tues [Jwed	[] Inurs [] Fri	
1 st -3rd []	1 st -3rd [] Afterschool []							
How did you hear about us?								
Additional Comment:								

Primary Guardian Information

Names(s) of person(s) with whom child is living

1 st Primary Guardian									
Last Name First N		First Na	Name			MI	Relation	ship to Child	
Email Address			Work Phone				Cell Phone		
Occupation	Employer			Work Address					Work Hours
2 nd Primary Guardian									
Last Name First		First Na	Name M			МІ	Relation	Relationship to Child	
Email Address			Work Phone				Cell Phone		
Occupation	cupation Employer			Work Addres	S				Work Hours
Which guardian should be called first? Home		Home F	Phone	5		Preferr	ed langu	age for writ	ten communication
Home Resident Street Address			Apt#		City	/			Zip Code
Mailing Address (if different than above))	Apt#		City				Zip Code

Additional Comment: _____

Secondary Guardian Information

Non-primary custodial parent

1 st Non-primary Guardian							
Last Name		First Name		MI	Relation	ship to Child	
Email Address		W	Work Phone		Cell Phone		
Occupation Employer			Work Address			Work Hours	

Page 2 of 4

Application for Enrollment, Continued

2 nd Non-primary Guardia	in								
Last Name First N		First N	st Name			MI	Relation	ship to Child	
Email Address			Work Phone				Cell Phone		
	•								
Occupation	Employer			Work Address					Work Hours
Which guardian should b	e called first?	Home	ne Phone Prefe			Preferr	ferred language for written communication		
Home Resident Street Address			Apt#		City			Zip Code	
Mailing Address (if different than above)			Apt#		City			Zip Code	
					L				

Additional Comment: _____

Emergency Contacts and Authorized Pickups

1 st Contact/Pickup						
Last Name		First Name		Relationship to Child		
Home Phone	ome Phone Cell Phone		[] Able to pick up all ch [] Not able to pick up th	l ildren in family he following children:		
2 nd Contact/Pickup	<u> </u>					
Last Name		First Name		Relationship to Child		
Home Phone	Home Phone Cell Phone		[] Able to pick up all ch	ildren in family		
			[] Not able to pick up the second seco	he following children:		
3rd Contact/Pickup	<u> </u>					
Last Name		First Name		Relationship to Child		
Home Phone Cell Phone		[] Able to pick up		Il children in family		
			[] Not able to pick up t	he following children:		

Required Forms Attached	
1	5
2	6
3	7
4	8
Tuition Information	
Your tuition will be:	Required Deposit
WEEK/MONTH	

I agree to pay all fees associated with my child(ren) enrollment at New Vineyard Academy.

Parent/Guardian Signature	Date
Administrative Use Only:	
Date of Enrollment:	Date of Dismissal:
Amount of Deposit paid: \$	_ First week payment \$
Feeding Program Enrollment:Free	ReducedPaid
Staff Initials	