

Application for Enrollment

New Vineyard Academy

Child Information

Date _____

1st Child							
Last Name			First Name			MI	Nickname
Entering Grade	[] Male [] Female		Age	MO / YR	Birth Date	Birth City/State City: State:	
Existing medical conditions, medications and/or special attention your child may require							
Allergies							
Pediatrician's Name			Phone		Address		
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			
___ Kindergarten ___ 1 st Grade ___ 2 nd Grade ___ 3 rd Grade ___ 4 th Grade ___ 5 th Grade				[] Mon [] Tues [] Wed [] Thurs [] Fri			
2nd Child							
Last Name			First Name			MI	Nickname
Entering Grade	[] Male [] Female		Age	MO / YR	Birth Date	City/State City: State:	
Existing medical conditions, medications and/or special attention your child may require							
Allergies							
Pediatrician's Name			Phone		Address		
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			
Preschool [] Kindergarten [] 1 st -3 rd [] Afterschool []				[] Mon [] Tues [] Wed [] Thurs [] Fri			

How did you hear about us? _____

Additional Comment: _____

Primary Guardian Information

New Vineyard Academy

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

1 st Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
2 nd Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
Which guardian should be called first?			
Home Phone	Preferred language for written 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	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours

2 nd Non-primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
Which guardian should be called first?			
Home Phone	Preferred language for written communication		
Home Resident Street Address	Apt#	City	Zip Code
Mailing Address (if different than above)	Apt#	City	Zip Code

Additional Comment: _____

Emergency Contacts and Authorized Pickups

1 st Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:	
2 nd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:	
3 rd Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	<input type="checkbox"/> Able to pick up all children in family <input type="checkbox"/> Not able to pick up the following children:	

Required Forms Attached

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Tuition Information

Your tuition will be:

WEEK/MONTH

Required Deposit

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 Reduced Paid

Staff Initials _____