

Application for Enrollment

New Vineyard Academy

Child Information

Date _____

1 st Child					
Last Name		First Name		MI	Nickname
Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Program of Enrollment					
Preschool <input type="checkbox"/>		Kindergarten <input type="checkbox"/>		Days of the Week in Care	
1 st -3 rd <input type="checkbox"/>		Afterschool <input type="checkbox"/>		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	
2 nd Child					
Last Name		First Name		MI	Nickname
Entering Grade	<input type="checkbox"/> Male <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Program of Enrollment					
Preschool <input type="checkbox"/>		Kindergarten <input type="checkbox"/>		Days of the Week in Care	
1 st -3 rd <input type="checkbox"/>		Afterschool <input type="checkbox"/>		<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	

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 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

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
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.

Signature

Parent/Guardian Signature

Date