## **Application for Enrollment**

## **New Vineyard Academy**

## **Child Information**

1 <sup>st</sup> Child										
Last Name	First Name			MI		Nickname				
Entering Grade [ ] Male [ ]Fema	le Age	MO / YR	Birth Date		Bir Cit	th City/State	State:			
		- NOV				y ·	——————————————————————————————————————			
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 ph	oto of your chil	d for securi	ty and advertis	semen	ıt pı	irposes?				
[] Yes [] No										
Program of Enrollment	Days of the Week in Care									
Preschool [ ] Kindergarten[	]	[] Mon	[] Mon [] Tues [] Wed [] Thurs [] Fri							
1st-3rd [ ] Afterschool [ ]										
2 <sup>nd</sup> Child										
Last Name	First Name			MI		Nickname				
Entering Grade [ ] Male [ ] Femal	e Age		Birth Date		Cit	y/State				
	MO / YR			(		y:	State:			
Existing medical conditions, medications and/or special attention your child may require										
Allergies										
Pediatrician's Name		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[	[ ] Mon [ ] Tues [ ] Wed [ ] Thurs [ ] Fri									
1st-3rd [ ] Afterschool [ ]										

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Application for Enrollment, Continued

How did you hear about us?\_\_\_\_\_

Additional Comment:

## **Primary Guardian Information**

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

1 <sup>st</sup> Primary Guardian											
Last Name	First Name						MI	Relation	Relationship to Child		
Email Address Wo			ork Phone				Cell Phone				
Occupation	Employer			Work Addres	S				Work Hours		
2 <sup>nd</sup> Primary Guardian											
Last Name First Nam			ame				MI	Relationship to Child			
Email Address			Wo	ork Phone				Cell Phone			
Occupation	Employer			Work Address					Work Hours		
Which guardian should be called first? Home Pho				е	Preferre	ed language for written communication					
Home Resident Street Address			Apt# Ci			City			Zip Code		
Mailing Address (if different than above)		Apt#			City			Zip Code			
Additional Comment:											
Secondary Guardian Information  Non-primary custodial parent											
1 <sup>st</sup> Non-primary Guardian	1										
Last Name	First Name						MI	Relationship to Child			
Email Address Wo			ork Phone				Cell Phone				
Occupation	Employer			Work Address					Work Hours		

2 <sup>nd</sup> Non-primary Guardian	า									
			irst Name					Relationship to Child		
Laservaine		1 1136 140	ac				MI	Relation	omp to omid	
Frankl Adduses			114/-	ul. Dlanca				Cell Phone		
Email Address			Wo	rk Phone				Cell Phone		
Occupation	Employer			Work Addres	S				Work Hours	
Which guardian should be	e called first?	Home I	Phone	1		Preferr	ed lang	uage for writ	ten communication	
Home Resident Street Ad	drace		Apt#		City				Zip Code	
Home Resident Street Ad	ui C33		Дріп		City				Zip code	
Mailing Address (if different	ent than above	)	Apt#		City				Zip Code	
Additional Commont.										
Additional Comment:										
	_			_						
<b>Emergency Conta</b>	acts and A	uthor	ized	Pickups						
1 <sup>st</sup> Contact/Pickup										
Last Name		First	Name	9			R	elationship t	to Child	
								·		
Home Phone	Cell Phor	10		1 1 1 1	le to	nick un	all child	ren in family	1	
rione rione centrione										
				[ ] No	ot abi	e to pick	up the	following ch	illdren:	
2 <sup>nd</sup> Contact/Pickup										
Last Name		First	Name	<u> </u>			R	elationship t	to Child	
Last Ivallic		11130	ivairie	-			'`	ciationsinp (	io ciniu	
	T			T						
Home Phone Cell Phone		ne	[ ] Able to pick up all ch			all child	•			
				[ ] No	ot abl	e to pick	up the	following ch	ildren:	
3rd Contact/Pickup										
Last Name		First	Name	9			R	elationship t	to Child	
Home Phone Cell Phone			[ ] Able to pick up a			all children in family				
								the following children:		

Required Forms	
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.

Signature		
Parent/Guardian Signature	Date	