

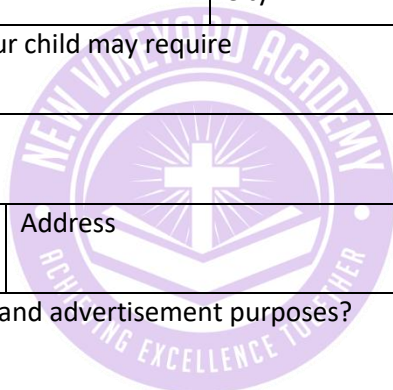
# Application for Enrollment

New Vineyard Academy

## Child Information

Date \_\_\_\_\_

<b>1<sup>st</sup> Child</b>					
Last Name		First Name		Middle Name	Nickname
Previous 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					
<b>Program of Enrollment</b> ___ Preschool ___ Kindergarten ___ 1 <sup>st</sup> Grade ___ 2 <sup>nd</sup> Grade ___ 3 <sup>rd</sup> Grade ___ 4 <sup>th</sup> Grade ___ 5 <sup>th</sup> Grade ___ Afterschool				Days of the Week in Care <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	
<b>2<sup>nd</sup> Child</b>					
Last Name		First Name		Middle Name	Nickname
Previous 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					
<b>Program of Enrollment</b> ___ Preschool ___ Kindergarten ___ 1 <sup>st</sup> Grade ___ 2 <sup>nd</sup> Grade ___ 3 <sup>rd</sup> Grade ___ 4 <sup>th</sup> Grade ___ 5 <sup>th</sup> Grade ___ Afterschool				Days of the Week in Care <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

New Vineyard Academy

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

1 <sup>st</sup> Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours
2 <sup>nd</sup> 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 <sup>st</sup> Non-primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone	Cell Phone	
Occupation	Employer	Work Address	Work Hours

2 <sup>nd</sup> 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 <sup>st</sup> 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 <sup>nd</sup> 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 <sup>rd</sup> 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. \_\_\_\_\_ Child Care Regulations Acknowledgement Form
2. \_\_\_\_\_ Handbook Acknowledgement Form
3. \_\_\_\_\_ Form 121
4. \_\_\_\_\_ Copy of Birth Certificate
5. \_\_\_\_\_ Meal Application and Enrollment Application
6. \_\_\_\_\_ Copy of Social Security Card
7. \_\_\_\_\_ Copy of Transcript
8. \_\_\_\_\_ Statement Regarding Food Allergies
9. \_\_\_\_\_ Statement Regarding Physical or Mental Disabilities

## 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 \$ \_\_\_\_\_

Child Care Certificate: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Copayment Amount: \$ \_\_\_\_\_

Feeding Program Enrollment: \_\_\_ Free \_\_\_ Reduced \_\_\_ Paid

Staff Initials \_\_\_\_\_