

## Application for Enrollment

New Vineyard Academy

## Child Information

Date \_\_\_\_\_

1 <sup>st</sup> Child					
Last Name		First Name		Middle Name	
T-Shirt Size (please specify Toddler, Youth or Adult Size)					
Previous 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	
____ Preschool	____ Kindergarten	____ 1 <sup>st</sup> Grade	____ 2 <sup>nd</sup> Grade	[ ] Mon	[ ] Tues
____ 3 <sup>rd</sup> Grade	____ 4 <sup>th</sup> Grade	____ 5 <sup>th</sup> Grade	____ 6 <sup>th</sup> Grade	[ ] Wed	[ ] Thurs
[ ] Fri					

2 <sup>nd</sup> Child					
Last Name		First Name		Middle Name	
T-Shirt Size (please specify Toddler, Youth or Adult Size)					
Previous Grade	[ ] Male	[ ] Female	Age MO / YR	Birth Date	City/State City: _____ State: _____

Existing medical conditions, medications and/or special attention your child may require:

Known 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 <sup>st</sup> Grade	____ 2 <sup>nd</sup> Grade	[ ] Mon	[ ] Tues
____ 3 <sup>rd</sup> Grade	____ 4 <sup>th</sup> Grade	____ 5 <sup>th</sup> Grade	____ 6 <sup>th</sup> Grade	[ ] 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 <sup>st</sup> Primary Guardian			
Last Name	First Name	MI	Relationship to Child
Email Address	Work Phone _____ Cell Phone _____	Social Security Number	
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 _____	Social Security Number	
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
Mailing Address (if different than above)		Apt#	City
			Zip Code

## Emergency Contacts and Authorized Pickups

1 <sup>st</sup> Contact/Pickup			
Last Name	First Name	Relationship to Child	
Home Phone	Cell Phone	[ ] Able to pick up all children in family [ ] 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	[ ] Able to pick up all children in family [ ] 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	[ ] Able to pick up all children in family [ ] Not able to pick up the following children:	

## Required Forms Attached

1. <input type="checkbox"/> Child Care Regulations Acknowledgement Form	6. <input type="checkbox"/> Copy of Social Security Card
2. <input type="checkbox"/> Handbook Acknowledgement Form	7. <input type="checkbox"/> Copy of Transcript
3. <input type="checkbox"/> Form 121	8. <input type="checkbox"/> Statement Regarding Food Allergies
4. <input type="checkbox"/> Copy of Birth Certificate	9. <input type="checkbox"/> Statement Regarding Physical or Mental Disabilities
5. <input type="checkbox"/> Meal Application and Feeding Enrollment Application	10. <input type="checkbox"/> Parent's Social Security Card

## Tuition Information

Your tuition will be:	Required Deposit:
WEEKLY/MONTHLY	

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

Responsible Parent's Name \_\_\_\_\_ SSN \_\_\_\_\_

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 \_\_\_\_\_