

Application for Enrollment

New Vineyard Academy

Child Information

Date _____

1st Child					
Last Name		First Name		Middle Name	T-Shirt Size (please specify Toddler, Youth or Adult Size) _____
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					
Program of Enrollment					
____ Preschool		____ Kindergarten		____ 1 st Grade	
____ 3 rd Grade		____ 4 th Grade		____ 5 th Grade	
				____ 6 th Grade	
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					
2nd Child					
Last Name		First Name		Middle Name	T-Shirt Size (please specify Toddler, Youth or Adult Size) _____
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:					
Known 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		____ Kindergarten		____ 1 st Grade	
____ 3 rd Grade		____ 4 th Grade		____ 5 th Grade	
				____ 6 th Grade	
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 st 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 nd 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	Zip Code	
Mailing Address (if different than above)	Apt#	City	Zip Code	

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:		
3rd 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 | 6. _____ Copy of Social Security Card |
| 2. _____ Handbook Acknowledgement Form | 7. _____ Copy of Transcript |
| 3. _____ Form 121 | 8. _____ Statement Regarding Food Allergies |
| 4. _____ Copy of Birth Certificate | 9. _____ Statement Regarding Physical or Mental Disabilities |
| 5. _____ Meal Application and Feeding Enrollment Application | 10. _____ Parent's Social Security Card |

Tuition Information

Your tuition will be:

WEEKLY/MONTHLY

Required Deposit:

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 _____