



Enrollment Application

Start Date: _____

Circle Program your child will attend:	2 days Tue & Thu	3 days Mon, Wed, Fri	5 days Mon - Fri
--	---------------------	-------------------------	---------------------

Child's Name: _____
last first middle

Date of Birth: _____ Age: _____ Gender: _____

Home Address: _____

Home Tel #: _____

Parent / Legal Guardian: _____

Address (if different): _____

Home Tel # (if different): _____ Business #: _____

Cell #: _____ Email: _____

Name and Address of Employer: _____

Occupation: _____ Work Hours: _____

Parent / Legal Guardian: _____

Address (if different): _____

Home Tel # (if different): _____ Business #: _____

Cell #: _____ Email: _____

Name and Address of Employer: _____

Occupation: _____ Work Hours: _____

In case of emergency when parents cannot be contacted, list people who can pick up your child within one hour. Do not leave this section blank.

1. Name: _____ Relationship: _____

Phone #: _____ Address: _____

2. Name: _____ Relationship: _____

Phone #: _____ Address: _____

Any medical conditions? Please explain: _____

Any special educational or social needs? _____

Physician: _____ Tel #: _____

Address: _____

How did you hear about New Einsteins Academy? _____

Expected Arrival Time: _____ Expected Departure Time: _____

To enroll your child in the program, please complete this form and return to NEA with \$150 registration fee.

Upon acceptance, the first month tuition must be submitted to reserve a space for your child.

Signature of Parent / Guardian: _____ Date: _____

<i>For office use only:</i>		
Date Application received: _____	Registration Fee: _____	Check #: _____
Start Date: _____	Discharge Date: _____	
First Month Tuition: _____	Check #: _____	