

Ravenswood Location - 1770 West Wilson, 60640



Enrollment Application

Start Date: _____

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

Child's Name: _____

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: _____

For office use only:

Date Application Received: _____ Registration Fee: _____ Check #: _____

Start Date: _____ Discharge Date: _____

First Month Tuition: _____ Check # _____