

# 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: \_\_\_\_\_

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*To apply for our program, please complete this form and return to NEA. After you accept a spot at NEA, you must pay a \$150 registration fee and 1st month tuition within 5 business days to secure the spot. These fees become non-refundable within 30 days of the start date.*

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Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For office use only:		
Date Application Received: _____	Registration Fee: _____	Check #: _____
Start Date: _____	Discharge Date: _____	
First Month Tuition: _____	Check # _____	