

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 apply for our program, please complete this form and return to NEA. After you accept a spot at NEA, you must pay a \$250 registration fee and 1st month tuition within 5 business days to secure the spot. These fees become non-refundable within 45 days of the start date.

Signature of Parent/ Guardian: _____ Date: _____

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