

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 non-refundable \$250 registration fee and 1st month tuition within 5 business days to secure the spot. Tuition becomes non-refundable 45 days prior to your start date.

Signature of Parent/ Guardian: _____ Date: _____

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