Bucktown Location -1858 North Damen, 60647



Enrollment Application

,	Start Date:		
Circle Program your child will attend:	2 days Tue & Thu	3 days Mon, Wed, Fri	•
Child's Name:			
Date of Birth:	Age:	Gender:	
Home Address:			
Home Tel#:			
Parent / Legal Guardian:			
Address (if Different):			
Home Tel# (If Different):			
Cell #:	E	mail:	
Name and Address of Employer:			
Occupation:	W	ork Hours:	
Parent / Legal Guardian:			
Address (if Different):			
Home Tel# (If Different):			
Cell #:	Er	mail:	
Name and Address of Employer:			
Occupation:	\\/	ork Hours	

within one hour. Do not leave this section bl	ank.		
1. Name:	Relationship: Address:Relationship:		
Phone #:			
2. Name:			
Phone #:	Address:		
Any medical conditions? Please explain:			
Any special educational or social needs?			
Physician:	Tel #:		
	demy?		
Expected Arrival Time: Expected Departure Time:			
	his form and return to NEA. After you accept a spot at		
NEA, you must pay a non-refundable \$250 re	egistration fee and 1st month tuition within 5 business		
days to secure the spot. Tuition become	es <u>non-refundable</u> 45 days prior to your start date.		
Signature of Parent/ Guardian:	Date:		
-	cc.		
	office use only:		
	Registration Fee:		
	Discharge Date:		
rirsi Month Tultion:			

In case of emergency when parents cannot be contacted, list people who can pick up your child