



New Einsteins Academy

Eco-friendly Child Care and Preschool

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

Parent / Legal Guardian: \_\_\_\_\_

Address (if Different): \_\_\_\_\_

Cell #: \_\_\_\_\_ Business #: \_\_\_\_\_

Email: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_

Address (if Different): \_\_\_\_\_

Cell #: \_\_\_\_\_ Business #: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Any medical conditions? Please explain: \_\_\_\_\_

Any special educational or social needs? \_\_\_\_\_

Physician: \_\_\_\_\_ Tel #: \_\_\_\_\_

Address: \_\_\_\_\_

**To secure your child's spot at New Einsteins Academy, the following fees are due within three (3) business days of receiving an enrollment offer:**

- **Non-Refundable Registration Fee:** \$300 for the first child, \$150 for each sibling
- **First Month's Tuition**
- **½ Month Deposit:** It will be applied to your last month's tuition with a minimum of 30-day notice of withdrawal.

**IMPORTANT**

- If you decide not to enroll at NEA after accepting the spot and paying all required fees, you must give at least 45 days' notice before your start date or the payments you've made will not be refunded.
- Your child must begin attending within one week of the agreed-upon start date (grace period). Tuition will not be pro-rated for absences or delays beyond that first week.

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

How did you hear about New Einsteins Academy?

Date the application received