



<b>1</b> Student Information	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PREFERRED NAME	FIRST NAME	MIDDLE NAME	LAST NAME
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FIRST DAY OF ENROLLMENT	ADULT(S) CHILD LIVES WITH	CHILD'S DATE OF BIRTH	
<b>2</b> Family Information  Parents Marital Status (check one)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PARENT'S FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	CELL PHONE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	HOME ADDRESS	CITY	STATE	ZIP
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	EMPLOYER	BIRTH DATE	DRIVER'S LICENSE NO. & STATE	WORK HOURS
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	EMPLOYER ADDRESS	CITY	STATE	ZIP
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	WORK PHONE			
<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DOMESTIC PARTNERSHIP				
<b>3</b> Contacts (Family or Friends)	THE STUDENT WILL BE RELEASED ONLY TO THE PERSON SIGNING THIS APPLICATION AND TO THE FOLLOWING PERSONS EXCEPT AS REQUIRED BY LAW			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FIRST NAME	LAST NAME	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	ADDRESS	CITY	STATE	ZIP
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	HOME PHONE	WORK PHONE	HOME PHONE	WORK PHONE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DRIVER'S LICENSE NUMBER	RELATIONSHIP	DRIVER'S LICENSE NUMBER	RELATIONSHIP
	<b>Medical Information and Emergency Information</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHYSICIAN'S NAME		OFFICE ADDRESS	OFFICE NUMBER	HOSPITAL PREFERENCE
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
DENTIST'S NAME		OFFICE ADDRESS	OFFICE NUMBER	
MY CHILD HAS THE FOLLOWING ALLERGIES AND / OR SPECIAL NEEDS: <input type="text"/>				
EMERGENCY CONTACT (OTHER THAN PARENT OR DOCTOR)				
LEGAL AUTHORITIES WILL BE CONTACTED FOR STUDENTS LEFT AT THE CENTER ONE HOUR AFTER CLOSING TIME OF THE CENTER				
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME		LAST NAME	FIRST NAME	LAST NAME
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	CITY	STATE	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
HOME PHONE	WORK PHONE	HOME PHONE	WORK PHONE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DRIVER'S LICENSE NUMBER	RELATIONSHIP	DRIVER'S LICENSE NUMBER	RELATIONSHIP	
<b>4</b> Accounts Receivable Information (Person Responsible for Payment)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	FIRST NAME	LAST NAME	SOCIAL SECURITY NUMBER	CELL PHONE
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	HOME ADDRESS	CITY	STATE	ZIP
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER	BIRTH DATE	DRIVER'S LICENSE NO. & STATE		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
EMPLOYER ADDRESS	CITY	STATE	ZIP	
<b>5</b> To Be Completed by Center Director	CLASS SELECTION:			
	<input type="checkbox"/> INFANTS	<input type="checkbox"/> TODDLERS	<input type="checkbox"/> PRESCHOOL	<input type="checkbox"/> SCHOOL AGE
	GRADE IN SCHOOL <input type="text"/>			
	ATTENDANCE:			
	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY
	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY	
	FROM <input type="text"/> TO <input type="text"/>	FROM <input type="text"/> TO <input type="text"/>	FROM <input type="text"/> TO <input type="text"/>	FROM <input type="text"/> TO <input type="text"/>
	PERMISSIONS:			
	MY CHILD HAS PERMISSION TO BE TRANSPORTED TO AND FROM <input type="text"/> SCHOOL <input type="text"/> SCHOOL PHONE NO. IS <input type="text"/>			
	MY CHILD HAS MY PERMISSION TO PARTICIPATE IN FIELD TRIPS AND SWIMMING ACTIVITIES SPONSORED BY NEW ENGLAND PRESCHOOL ACADEMY, INC. <input type="checkbox"/> YES <input type="checkbox"/> NO			
ANNUAL FEES:				
REGISTRATION FEE	\$ <input type="text"/>	REGULAR TUITION \$	RETURNED CHECK FEE \$	
EDUCATIONAL FEE	\$ <input type="text"/>	\$ <input type="text"/>	LATE PAYMENT FEE \$	
CENTER HOURS	<input type="text"/> A.M. TO <input type="text"/>	WEEKLY TUITION FEE IF CHILD IS ABSENT \$ <input type="text"/>		
A LATE PICK-UP FEE OF <input type="text"/> WILL BE CHARGED FOR EACH 1 MINUTE AFTER <input type="text"/> P.M.				
RADIO STATION CONTACTED OF BAD WEATHER AND CLOSING INFORMATION <input type="text"/>				

I HAVE READ AND UNDERSTOOD THE TERMS OF THE PARENT AGREEMENT.

X

Signature of Center Director

Date

X

Signature of Parent/Guardian

Date

X

## New England Preschool Academy, Inc. Parent Agreement

1. Tuition payments are due in advance each Friday for the following week.
2. Late payments will be charged a 10.00 dollar fee each week if the tuition is not received by noon Thursday of the current week.
3. Registration fees are due on a yearly basis. These costs cover all administrative costs, as well as dues and subscriptions for special circulars, magazines or other educational material ordered for the classrooms.
4. Every child is to be picked up no later than 6:00 PM each day, and only those who are on the authorization forms will be allowed to take the child from the center. If there is a change in the person picking up the child, the parent will call the school ahead of time to notify the director and classroom teacher of the change. Children may not be dropped off at the center before 6:30 AM.
5. All late pick-up and late payment fees are the responsibility of the parent. If tuition is unpaid for three full weeks, it is the center policy to disenroll the child until all fees have been paid.
6. The school will be given a one week written notice if a child will be disenrolling. All fees to the time the children leave the center are the responsibility of the parent.
7. Medications may not be sent in for children in a bottle or cup, as this is a state health violation and puts the other children at risk.
8. If there is a parental dispute in progress involving custody or visitation, the center must be provided with legal paperwork regarding rights of the noncustodial parent, for pickup purposes. The center does everything within legal limits to follow parents wishes. However, if a potential problem arises, the authorities and custodial parent will be contacted immediately, and the staff and children in the center will not be placed at risk.
9. All legal and collection fees incurred for nonpayment of tuition is the responsibility of the parent.
10. There is no tuition adjustments for illness, scheduled holidays, vacation weeks, or emergency closings. If the family disenrolls, they are responsible for the full tuition payment for the final week of enrollment, regardless of attendance.

I have read and agree to the terms and conditions set forth in the New England Preschool Academy's Parent Handbook and Agreement.

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

My child may be photographed for center publicity purposes \_\_\_\_\_