N.E.W. Christian Academy
REGISTRATION (2010-2011)

Child's Name:	Today's Date:
Date of Birth:	Start Date: July / Sept / Other _____

Please circle applicable words and enter appropriate amount. (Please refer to Tuition Information Sheet)

Age Group	Tots / Twos / Threes / Fours / Kindergarten		
Program	Half Day / School Hr / Ext. Hour (From to)		
No. of Days	5 days / 3 days (Mon / Tue / Wed / Thu / Fri)		$
Meal	Lunch	5 days / 4 days / 3days	$

Total Monthly Fee: $

Registration Terms & Condition

• I have received Parents' Handbook including Information to Parents Document, Discipline Policy & Expulsion Policy.	Yes
• I understand Payment, Vacation & Withdrawal Policy.	Yes
• I enroll my child as indicated above for the school year 2010-2011 until June 2011, and I understand that the deposit will not be refunded nor applied to the tuition in case of early withdrawal.	Yes

Signature: Name: Date:

Statement of Authorization

• I authorize N.E.W. Christian Academy to seek emergency medical care for my child as deemed necessary by the director.	Yes
• I grant my permission for my child to use all indoor and outdoor play and study equipment in N.E.W. Christian Academy.	Yes
• I grant permission for my child to participate in all school activities.	Yes
• I grant permission for my child to consume any food distributed under supervision of staff of N.E.W. Christian Academy.	Yes
• I authorize staff of N.E.W. Christian Academy to assist my child with toileting and diapering. This includes cleaning of genital area and application of ointment when needed.	Yes

Signature Name: Date:

Office Use Only

Class Assignment:	Monthly Tuition:	Security Deposit:	First Month Prorate:	Note: