

APPLICATION FOR ENROLLMENT



Our mission is to educate and nurture God's children academically and spiritually.

DATE OF ENROLLMENT: _____

Enrolling for: [] Fall-Summer [] Summer only

My child is: [] A new student at NBA [] A returning student to NBA

CHILD INFORMATION

Full Name: _____

Name Child Prefers to Be Called: _____ Gender: [] Male [] Female

Date of Birth: _____ Grade/Class: _____

Address: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Allergies: _____

List any existing medical conditions, medication and/or special attention your child may require:

Emergency Authorization:

I give permission for New Beginnings Academy to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Signature

Date

PARENT/GUARDIAN INFORMATION:

Mother/Guardian

First Name: _____ M.I.: _____ Last Name: _____

[] Custodial Parent (if married, mark both parents)

Address: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____ Driver's License #: _____

Employer: _____ Office Phone: () _____

Work Address: _____

Work Hours: _____

Father/Guardian

First Name: _____ M.I.: _____ Last Name: _____

[] Custodial Parent (if married, mark both parents)

Address: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____ Driver's License #: _____

Employer: _____ Office Phone: () _____

Work Address: _____

Work Hours: _____

Additional Emergency Contacts & Authorized Pickup Persons

Please list those persons who are authorized to pick-up your child(ren) from New Beginnings Academy as well as those we should call in case of an emergency should we be unable to reach you. Please list in preferred order of contact.

Contact/Pick-up

First Name: _____ M.I.: _____ Last Name: _____

Relationship to the Child: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Able to pick up all children in the family.

Not able to pick up the following children: _____

Contact/Pick-up

First Name: _____ M.I.: _____ Last Name: _____

Relationship to the Child: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Able to pick up all children in the family.

Not able to pick up the following children: _____

Contact/Pick-up

First Name: _____ M.I.: _____ Last Name: _____

Relationship to the Child: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Able to pick up all children in the family.

Not able to pick up the following children: _____

Tuition/Payment Agreement

It is my desire to enroll my child, _____, at New Beginnings Academy in the: *(Please Circle One)* -**Day Care** (full days) or **Kindergarten** (1/2 days) or **Before and/or After School** or **Summer Program** for the _____ class.

Payment of Tuition:

I thereby agree to pay the sum of \$_____ on the first business day of each week for all children enrolled at NBA. I understand that any additional services requested may alter the above rate. All rates are subject to change as conditions dictate. Rates are NOT prorated for holiday closings. A late fee of 10% of the total balance due will be assessed if the tuition is not paid by Wednesday of each week.

Attendance/Absentee Policy:

No credits, allowances, or decreases in tuition will be given for children not attending their regular schedule. Children enrolled full-time are allowed 4 half weeks or 2 whole weeks of absence per year to use at their discretion, during which time no tuition will be charged. After this allowed absence time is used, I understand that I must pay full tuition for the remainder of the year, even if my child is absent. I also understand that the aforementioned benefit is not applicable if my child(ren) is only enrolled in the kindergarten, before/after school or summer programs.

Enrollment/Registration Fee

I understand that a \$100 fee is to be paid at the time of initial enrollment. This fee is non-refundable and includes some supplies, as well as special event insurance and processing costs. I further understand that an annual \$75.00 registration fee will be required each spring when the new school year and the summer program begins.

Late Charges

I understand that if my child remains at New Beginnings Academy past the scheduled closing time of 6:00 p.m., there will be an additional charge of \$10.00, plus \$5.00 for every 15 minutes thereafter, which will be added to your account immediately.

Withdrawal

I understand that a two-week notice is required if I plan to withdraw my child from New Beginnings. If I fail to give the required notice, I agree to pay a fee equivalent to two week's tuition.

Returned Check Policy

I understand that for any returned checks or denied electronic payments, my account will be automatically billed a returned check fee of \$35.00. After two such instances, I will be required to pay my fees in cash.

Tuition/Payment Agreement (continued)

I have read the conditions of this Tuition Agreement. I understand and accept each condition of the Agreement as also stated in the New Beginnings Academy Handbook.

Parent/Guardian Signature

Driver's License Number

Date

Parent/Guardian Signature

Driver's License Number

Date

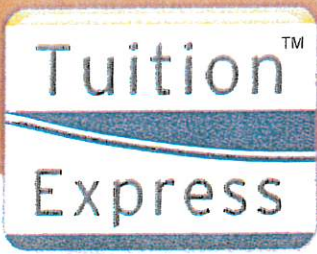
Additional Comments & Information:

Please provide any additional information or instruction that you feel would be helpful to our management and teaching staff as we care for your child.

I have received a copy of the New Beginnings Academy Handbook and agree to all of its contents.

Parent/Guardian Signature

Date



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name		Phone #	
Address	City	State	Zip
Bank or Credit Union Name			
Bank or Credit Union Address	City	State	Zip
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below)		Account Number (see sample below)	
Signature		Date	
<input type="checkbox"/> Check if you wish to make online payments			

For Official Use Only
Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____	Attach Voided Check Here	\$ _____
_____ Dollars		

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**Automated Payment Processing
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature

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**Automated Payment Processing
Safe – Convenient – Easy**

We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

As a customer of _____(business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Cardholder Signature Date

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

For Official Use Only

Date Received

Employee Signature

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New Beginnings Academy

Photo Release Form

Please check all that apply.

- I grant New Beginnings Academy the permission to take and maintain a photo of my child for security purposes.

AND

- I grant New Beginnings Academy, it's representatives and employees the right to take photographs of my child.

I authorize New Beginnings Academy, it's assigns and transferees to copyright, to use and publish the same in print and/or electronically.

I agree that New Beginnings Academy may use such photographs of my child for any lawful purpose, including such purposes as classroom use, publicity, illustration, advertising, and web content.

OR

- I DO NOT authorize New Beginnings Academy to photograph my child for any purposes relating to publicity. However, photographs may be taken strictly for use in the classroom for things such as bulletin boards.

- I DO NOT authorize New Beginnings Academy to use my child's photograph for any purpose.

I understand that it is my responsibility to help my child understand my wishes in this matter.

I have read and agree to the above:

Child Name: _____

Parent/Guardian Signature: _____

Date: _____

New Beginnings Academy

2018-2019 School Year



Re: Student/Parent Handbook

By signing this document, I acknowledge and agree that I have received and read, in its entirety, the New Beginnings Academy handbook detailing all rules and regulations concerning the enrollment and attendance of my child at New Beginnings Academy. I agree to abide by any and all policies and procedures therein.

Parent signature

Date

Parent of: _____
(one form must be signed for each child)

**Form of Affidavit for Parent/Guardian
State of Alabama
Etowah County**



Before me, a Notary Public in and for the State of Alabama and Etowah County, appeared _____, and is known to me, after being duly sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children

_____;

that affiant has been notified by **Kelly G. Bishop**, a representative of the **New Beginnings Academy of Southside United Methodist Church**, that said church has filed notice with and is exempt under law from regulation by the department of human resources.

_____, Parent/Legal Guardian,

sworn, or affirmed to and subscribed before me this _____ day of

_____, 20_____.

Notary Public

My commission expires _____