

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

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**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: \_\_\_\_\_

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**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 hereby 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.

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Parent/Guardian Signature

Driver's License Number

Date

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Parent/Guardian Signature

Driver's License Number

Date

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**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.

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

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Parent/Guardian Signature

Date

# 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, its representatives and employees the right to take photographs of my child.

I authorize New Beginnings Academy, its 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:** \_\_\_\_\_

**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 \_\_\_\_\_