Print Form

NEW LIFE DISCOVERY SCHOOLS

ENROLLMENT APPLICATION FOR: WEST / SHIELDS / KEATS / CLOVIS / FIG GARDEN

LAST NAME of CHILD		FIRST NAME of CHILD	M.I.	DATE OF BIRTH	SEX	ELEM SCHOOL
A.						
B.						
C.						

START DATE:____________________ **Referred by:____________________**

LIST DAYS of the WEEK CARE IS NEEDED: **E-MAIL:________________**

A: ____	**Emergency Information**
Arrival Time:_____ Departure Time:_____	**Person(s) to contact if applicant is unavailable:**
B:	1. Name:__________________________
Arrival Time:_____ Departure Time:_____	Phone:__________________________
C:	Relationship:____________________
Arrival Time:_____ Departure Time:_____	2. Name:____________________
	Phone:____________________

PARENT OR RESPONSIBLE PARTY INFORMATION

1. Mother / Guardian

Name:____

Address:____

City:_______________ State: ____ Zip:

Home Phone:_______________ Cell Phone: _________________

Employers' Name:______________________________________

Work Phone: - - Ext:

Working Hours: from:__________ to____________

Driver's License #:____________________

Soc. Sec. #:__________________________

2. Father / Guardian

Name:__________________________________

Address: ______________________________

City: __________________State: Zip:

Home Phone:_______________ Cell Phone: _________________

Employers' Name:______________________________________

Work Phone: - - Ext:

Working Hours: from:__________ to____________

Driver's License #:_____________________

Soc. Sec. #:_______________________

Notes:____

____

PARENTS MARTITAL STATUS (use an asterisk)

- ☐ 1. Married / living together
- ☐ 2. Living Separately
- ☐ 3. One Parent Deceased
- ☐ 4. Other (explain)
- ☐ 5. If Divorced, Who has custody?

May the non-custodial parent pick-up the child(ren)?

- ☐ If YES, include release section!
- ☐ If NO, documentation from the court may be required

ADVANCE PAYMENT PLAN:

Select one **Day/Date________Amount__________**

1. Weekly_______
2. Monthly______
3. Agency_______
4. Special_______

PAYMENT POLICY

1. Vacation Days **(Ten (10) days free after one (1) consecutive year of enrollment.**
2. Sick days (IF a child is ill with a contagious disease and we are notified during the first week, the rate for the full week of the illness will be half price.)

++

Parent Agreement

I agree to pay New Life Discovery Schools at least 1week in advance for tuition on a continuing basis for the duration of this contract. "I am aware that a $21.00 late fee will be charged for payments received after the 25th of the month. I agree to pay an administration fee monthly. This is non-refundable, but may be transferred to another New Life Discovery School." This form must be completed and returned to the director on or before the first day of enrollment.

Acceptance of Agreement

Client acknowledges acceptance of this Agreement by signing below and returning it to N.L.D.S., Client will still be deemed as having accepted this Agreement, if client enrolls a child, signs child in or out, or pays N.L.D.S. any amount.

Binding Arbitration

For alleged violation of any duty to client arising out of client wishes Agreement, irrespective of legal theory, must be decided by binding arbitration and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I understand that clients enrolled under this Agreement thus give up their right to court or jury trial, and instead accept the use of binding arbitration.

Signature Parent/Guardian:____ Date:______________________