



812 Instrument Dr. ~ Rocky Mount, NC 27803
252-443-6560 ~ www.newlifeacademyrm.com

3 Year old Pre-School Application

STUDENT INFORMATION

Date: _____

NAME:

First: _____ Middle: _____ Last: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: (if different): _____

Date of Birth: _____ Age: _____ Sex: _____ Race: _____

TUITION RATES AND INFORMATION FOR ALL GRADES

Registration / Book Fee -- \$200.00—Due when application is submitted PAID: _____ DATE: _____

- ❖ Applications will not be considered if registration fee is not paid (Non-Refundable)

Tuition: -- \$3,000.00 – per student for all grades

- ❖ One-time payment plan: \$3,000.00 due by August 1st of current school year.
- ❖ 10 month payment plan: \$300.00 a month (August – May) – Payments are due on the first of each month. A \$25.00 late fee will be charged if payment is received after the 10th of the month.

**There are two options when making your tuition payment. You may make a one-time payment of \$3,000.00 or you may elect to sign up for Automated Draft. (see financial agreement attached)*

MOTHER'S INFORMATION

NAME:

First: _____ Last: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: (if different): _____

Home # _____ Cell # _____ Work # _____

Employer's Name: _____

Email Address: _____

Church Member Yes ___ No ___ Church Name: _____

FATHER'S INFORMATION

NAME:

First: _____ Last: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: (if different): _____

Home # _____ Cell # _____ Work # _____

Employer's Name: _____

Email Address: _____

Church Member Yes ___ No ___ Church Name: _____

EMERGENCY CONTACTS (other than parents)

Name: _____ Relation _____ Contact # _____

Name: _____ Relation _____ Contact # _____

Name: _____ Relation _____ Contact # _____

NAME OF INDIVIDUALS ELIGIBLE TO PICK UP YOUR STUDENT

Name: _____ Relation _____ Contact # _____

Name: _____ Relation _____ Contact # _____

Name: _____ Relation _____ Contact # _____

MEDICAL / EMERGENCY INFORMATION

In case of illness or emergency, I want the following people contacted in this order:

- 1. Name: _____ Relation: _____
Contact # _____ Alternate # _____

- 2. Name: _____ Relation: _____
Contact # _____ Alternate # _____

- 3. Name: _____ Relation: _____
Contact # _____ Alternate # _____

My Child's Doctor is: _____

Contact # _____

Please list below any medications your child is required to take:

Allergies: Yes/No Medicine _____

Foods _____

Other _____

- ❖ Please provide a copy of your child's immunization record for our files.
- ❖ All Pre-School students will need a nap mat.
- ❖ Please update this form if any information changes throughout the year.

FINANCIAL COMMITMENT AGREEMENT

- ❖ We agree to pay the tuition according to the following arrangements and to conclude all required payments before the last day of school. All tuition is due on the first of the month.
- ❖ We understand by signing this agreement that we are enrolling our student and commit to pay tuition in full.
- ❖ We understand that in the event any payment has not been received within 45 days after due date, your student will not be permitted to begin a new grading period.
- ❖ We understand there will be a \$30.00 fee assessed to our account for any returned check.
- ❖ We understand that there will be a \$25.00 late fee assessed to our account for any payment paid after the 10th of each month.
- ❖ We agree to pay any open balance on our account before requesting that transcripts be released.
- ❖ We understand that any tuition and fees from a previous year must be paid in full before July 1st of current year to continue at New Life Christian Academy.
- ❖ We understand that there are only two options available for paying tuition payments. We may choose to pay my tuition in whole by August 1st of current school year, or we may choose to sign up for automated draft from our checking account or debit/credit card. (please complete forms attached)
- ❖ We understand that this document is meant to be legally binding and we have read and agree to the statements above.

Date: _____

Signature of Parent or Guardian: _____