

APPLICATION FOR ADMISSION

Infants through Pre-Kindergarten

Student Information	Request Start Date: _____
	Student's Legal Name: _____
	(Last) (First) (Middle)
	Preferred Name: _____ Sex: _____ Age: _____ Date of Birth: Month _____ Day _____ Year _____
	Residence & Mailing Address: _____
	(Street Address) (City) (State) (Zip) (Home/Cell Phone)
	Place of Birth: _____ Ethnicity: _____
	Is student a United States citizen? Yes No <i>*If No, appropriate Immigration papers must be submitted with application</i>
	Student resides with (check one): Both Parents Mother Father Guardian
	List any legal authority or parental restrictions: _____
Last school/care provider: _____ School/Provider Phone: _____	
(Street Address) (City) (State) (Zip)	
How did you hear about Northside? _____	
List the names & grades of any children in your immediate family who are currently attending Northside? _____	

Father/Guardian	Father/Guardian's Name: _____ Title: _____ (Mr., Rev, Dr., etc.)
	(Last) (First) (Middle)
	Preferred Name: _____ Date of Birth: _____ Last 4 digits of Social Sec. No: _____
	Residence & Mailing Address: _____
	(Street Address) (City) (State) (Zip) (Home/Cell Phone)
	Relationship to Student: _____ Marital Status: _____ Email Address: _____
	Are you an NCA Alumna? Yes No <i>* If Yes, graduation year _____ Church you regularly attend: _____</i>
	Employer: _____ Occupation: _____ Work: _____ Cell: _____
	Have you personally received Jesus Christ as your Savior? Yes No Do you regularly attend church? Yes No
	Do you attend Sunday School? Yes No Are you an active church member? Yes No

Mother/Guardian	Mother/Guardian's Name: _____ Title: _____ (Mrs., Ms., Dr., etc.)
	(Last) (First) (Middle)
	Preferred Name: _____ Date of Birth: _____ Last 4 digits of Social Sec. No: _____
	Residence & Mailing Address: _____
	(Street Address) (City) (State) (Zip) (Home/Cell Phone)
	Relationship to Student: _____ Marital Status: _____ Email Address: _____
	Are you an NCA Alumna? Yes No <i>* If Yes, graduation year _____ Church you regularly attend: _____</i>
	Employer: _____ Occupation: _____ Work: _____ Cell: _____
	Have you personally received Jesus Christ as your Savior? Yes No Do you regularly attend church? Yes No
	Do you attend Sunday School? Yes No Are you an active church member? Yes No

First person to contact for information or in an emergency (check one): Mother/Guardian Father/Guardian

Other Information

Physician: _____ Phone: _____
Hospital Preference: _____ Phone: _____
Insurance Company: _____ Policy Number: _____
Emergency Contacts (May be contacted if parents unavailable and are authorized to pick up child):
Name: _____ Cell: _____ Home: _____ Work: _____
Name: _____ Cell: _____ Home: _____ Work: _____
With whom may student be released to other than parent:
1. _____ 2. _____ 3. _____
Is there a medical action plan attached? Yes No
List known food restrictions, physical, emotional, or behavior needs:

List any known allergies and the symptoms of and type of response required for allergic reactions:

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns:

List any particular fears or unique behavior characteristics the child has:

List any types of medication taken for health care needs:

Share any other information that has a direct bearing on assuring safe medical treatment for your child:

PLEASE READ CAREFULLY. BY SIGNING THIS APPLICATION, I/WE UNDERSTAND AND AGREE:

1. My primary reason for selecting Northside Academy for Early Learning is to provide a Christ-centered education for my child to complement the Biblical teachings set forth for the Christian home and church. (Proverbs 22:6)
2. Having read the most recent Parent-Student Handbook, I agree to fully support AEL personnel, programs, policies, disciplines and activities. I will serve as a volunteer in various capacities when available. I also agree to allow the teacher/Academy's discretion in the discipline of my child while in the Academy's care. I further agree to discipline my child as needed in the home. Should serious problems arise, I agree to come to the Academy to work with my child and school personnel.
3. Should my child not respond favorably to the Academy, I will not try to change the Academy to fit my needs, but agree to quietly withdraw.
4. I give permission to list my family's address and phone number in a school directory.
5. I give permission to use my child's photograph and/or name in school publications, including but not limited to newsletters, newspapers, television releases, school website, advertising, social media such as Facebook, and promotional materials.
6. My child may take part in all Academy activities, including games, sports, field trips, and activities outside of a fenced area. Some field trips or activities may involve taking children into a multi-level structure.
7. The internet is a vast repository of information providing unprecedented educational opportunities for our students. I give permission for my child to use the internet in classroom settings and search for information on acceptable user sites.
8. I agree to hold the Academy and its agents harmless for any liability to our child or any guardian or parent thereof because of any claims on behalf of my child against the Academy or any agent thereof because of any injury or alleged injury to our child. Should for any reason legal action be taken against Northside Academy for Early Learning or any employee or agent thereof on our child's behalf and the Academy or its agents not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that Northside Academy for Early Learning or its agents should incur to defend itself against such action.
9. The Academy will not administer over-the-counter medications or prescription drugs without a parent's signature on the daily medicine chart for infants through K4. In the event of a medical emergency, I give permission for my child to receive first aid from an Academy employee and/or treatment as required by a physician.
10. I understand the Academy's administration has full discretion in the grade placement, promotion, and final acceptance of my child.
11. I have read and will comply fully with the most recent age-appropriate Rates and Fees/Financial Policy, including any withdrawal and/or payment penalties. I understand my, or my child's, failure to comply with Academy policies may result in my child's immediate dismissal, and that school records may be held until all fees are paid.
12. I understand that my tuition must be two weeks prepaid.
13. I understand if my account becomes 2 weeks delinquent, a warning may be given regarding the status of my account.
14. I understand if my account becomes 4 weeks delinquent, my child(ren) will NOT be allowed to return until my account is current and 2 weeks tuition has been prepaid.
15. I understand delinquent accounts may be turned over to a collection agency and if my account is turned over to an agency, I will be responsible for any/all collection fees.
16. I understand that I will have to set up a Procare account payment plan with either a bank account or credit card account for payment. All credit card payments will incur a 2.85% processing fee that will be paid by the guarantor.
17. I, as the parent/guardian, authorize the center to obtain medical attention for my child in an emergency.
18. I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

(Father/Guardian Signature & Application Date)

(Mother/Guardian Signature & Application Date)

TUITION PAYMENT POLICY

Registration Fee:

\$150 non-refundable registration fee is due at initial enrollment and prior to each subsequent year of enrollment.

Tuition:

Payments are suggested to be made through our childcare management software, Procure. Credit & debit card payments will incur a 2.9% processing fee, bank transfers will incur a \$0.60 fee, and cash, money orders, and/or checks may be given directly to an employee working at the reception desk.

Weekly - Due on Mondays

Infants	\$ 248
1-Year-Old	\$ 246
2-Year-Old	\$ 244
3-Year-Old	\$ 230
4-Year-Old	\$ 228
Part Time 2-to4-Year -Old	\$ 205 - 3days a week/ \$ 150 -2days a week or \$ 65/day
After School	\$ 75
Summer Camp	\$ 200
Sibling Discount	\$11.50 per weekly payment plans

Late Payments: Weekly payment plans will incur a \$25 late fee if not paid within 5 days of the due date. If tuition is past due for more than 2 weeks, your child(ren) will not be able to return until the payment is paid in full.

Late Pick-ups: \$5 for the 1st minute and \$1 for every minute after that starting at 6:01PM.

Returned Payments: \$35 fee for the first returned check or failed transaction, & increases by \$50 each time after.

Holidays/Closings: See school calendar.

Vacation & Absences: Tuition is not adjusted for absences, vacations, holidays, illness, or emergencies and/or inclement weather causing closures. This includes the week AEL is closed for Christmas.

Withdrawals: Should it become necessary to withdraw your child(ren) for any reason a written 2-week notice is required. A verbal notice will not be considered a withdrawal notification. A form can be provided at the front office at AEL.

Tax Reporting/Receipts: Tax I.D. # is 56-0787452. Statements can be generated from your Procure account.

I have read, understand, and agree to comply with Northside Academy for Early Learning's tuition payment policy. I understand that my financial responsibility is a key factor in maintaining a quality Christian environment for my child(ren). My cooperation enables the school to maintain a positive Christian testimony by having necessary funds to meet its financial obligations in a timely manner. I understand that Northside Academy for Early Learning hires staff and budgets for school related expenses based on projected enrollment and that a space is reserved for my child(ren) when the enrollment or re-enrollment process is completed.

Child's Name: _____ Date: _____

Parent/Guardian's Signature: _____