

New Life Christian Early Learning Center

Attention: Kim 2795 Patterson Drive, Aliquippa, PA 15001

Complete both sides and return with \$35.00 Registration Fee

Registration Fee is **Non-Refundable**

Email: nlcelc@comcast.net Phone: 724-378-6066

Please make check payable to: **NLCELC**

Date: _____

Student Information

Child's name: _____

Birth Date: _____ Sex M/F (please circle)

Age on September 1st _____

Child's home address: _____

Child's home phone number: _____

Parent or Guardian Information

Father's name: _____

Address: _____

Phone: _____ Cell phone: _____

Employer(s) name and Phone: _____

Mother's name: _____

Address: _____

Phone: _____ Cell phone: _____

Employer(s) name and Phone: _____

Family Information:

Brothers and/or sisters and their ages: _____

Emergency information

Name and number of person to be contacted in emergency:

Health Insurance: _____

Special disabilities of child: _____

Special medical or dietary information: _____

Date child was toilet trained: _____

Child's previous School/ Daycare experience: _____

Do you have any concerns about your **child's speech**: _____

Transportation will be supplied by: _____

Person to whom child may be released- specify all persons other than parents: _____

School district in which you reside: _____

Have you had a child previously attend at New Life? _____

How did you hear about us? _____

Please read and sign:

It is my understanding that medical care, if required will be paid by me. I also understand that an adult must attend any field trip with New Life Christian Early Learning Center and must stay with their child for the entire fieldtrip. It is also my understanding that I am responsible for providing refreshments approximately one day per month (Prep Class) or approximately once every six weeks (Pre-kindergarten) as assigned. I understand that tuition is based on a yearly fee that is payable in monthly installments. I understand I am responsible for the entire school year tuition. I agree to pay the first day school is in session for the month and no later than the 5th of each month. I agree to the policies of the school as outlined in the policy manual.

SIGNATURE OF PARENT OR
GUARDIAN _____

Email Address: _____

Class preference upon availability (circle):

Prep Class: \$680.00 year or \$85.00 a month (Sept-April no payment May)

Morning: Tues/ Thurs 9:15 -11:30 AM
(Must be 3 years of age by September 1st and Potty Trained)
at the start of our school year

Pre-Kindergarten: \$760.00 year or \$95.00 a month (Sept-April no payment May)

Morning: Mon/ Wed/ Fri 9:15 - 12:00
(Must be 4 years of age by September 1st at the start of our school year)

Office use only					
Fee paid	Check	Cash		Date	Initials