



NEW ADVENTURES EARLY LEARNING CENTER, INC.

ENROLLMENT FORM

PASSWORD _____

CHILD'S NAME _____ PREFERRED NAME _____
DATE OF BIRTH _____ SEX M F
HOME ADDRESS _____ SUBDIVISION _____
CITY, STATE, ZIP CODE _____
HOME TELEPHONE _____ E MAIL ADDRESS _____

MOTHER'S NAME _____ FATHER'S NAME _____
(Or Guardian) PHOTO IDENTIFICATION REQUIRED (Or Guardian)
MOTHER'S SOCIAL SECURITY # _____
FATHER'S SOCIAL SECURITY # _____
HOME TELEPHONE _____ HOME TELEPHONE _____
CELL PHONE _____ CELL PHONE _____
WORK ADDRESS _____ WORK ADDRESS _____
CITY, STATE, ZIP CODE _____ CITY, STATE, ZIP CODE _____
WORK TELEPHONE _____ WORK TELEPHONE _____
MARITAL STATUS MARRIED SINGLE WIDOWED SEPARATED DIVORCED
(COPY OF LEGAL CUSTODY REQUIRED)

PEDIATRICIAN _____
TELEPHONE _____ ADDRESS _____
ALLERGIES _____ MEDICATIONS _____

**EMERGENCY CONTACTS- OTHER AUTHORIZED PERSONS ALLOWED TO PICK - UP
YOUR CHILD OVER THE AGE OF 18.**

**ALL PERSONS PICKING UP A CHILD MUST HAVE PHOTO IDENTIFICATION, THE
PASSWORD AND AUTHORIZATION ON THIS FORM FOR PICK UP.**

NAME _____ ADDRESS _____
HOME TELEPHONE _____ RELATIONSHIP TO CHILD _____
WORK TELEPHONE _____ CELL PHONE _____

NAME _____ ADDRESS _____
HOME TELEPHONE _____ RELATIONSHIP TO CHILD _____
WORK TELEPHONE _____ CELL PHONE _____

NAME _____ ADDRESS _____
HOME TELEPHONE _____ RELATIONSHIP TO CHILD _____
WORK TELEPHONE _____ CELL PHONE _____

(Turn page over)

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4500 West Sample Road, Coconut Creek, Florida 33073

STATEMENTS OF UNDERSTANDING

EMERGENCY AUTHORIZATION:

IN THE EVENT OF EMERGENCY, NEW ADVENTURES EARLY LEARNING CENTER WILL FIRST TRY TO CONTACT ME IMMEDIATELY WITH THE EMERGENCY NUMBERS PROVIDED. IF I AM UNAVAILABLE, I AUTHORIZE NEW ADVENTURES EARLY LEARNING CENTER TO OBTAIN MEDICAL TREATMENT AND SERVICE FOR MY CHILD BY REQUESTING EMERGENCY MEDICAL SERVICES (911). (PARENT INITIALS REQUIRED) _____

EMERGENCY PROCEDURES:

IN THE EVENT OF AN EMERGENCY SITUATION, I UNDERSTAND NEW ADVENTURES FOLLOWS BROWARD COUNTY PUBLIC SCHOOLS. I AM RESPONSIBLE FOR PICKING UP MY CHILD IMMEDIATELY IF THE SCHOOL CLOSES FOR ANY REASON. _____

ALTERNATE NUTRITION PLAN:

I UNDERSTAND THAT I AM RESPONSIBLE FOR PROVIDING MY CHILD WITH A HEALTHY LUNCH AND SNACK INCLUDING BEVERAGES TO MEET MY CHILD'S NUTRITIONAL NEEDS ACCORDING TO THE ALTERNATE NUTRITION PLAN RECEIVED. _____

PERMISSION FOR PHOTOGRAPHS:

I AUTHORIZE NEW ADVENTURES TO PHOTOGRAPH/ VIDEOTAPE MY CHILD FOR EDUCATIONAL AND ADVERTISING PURPOSES. _____

DISCIPLINE POLICY:

I HAVE BEEN ADVISED THAT NEW ADVENTURES PROMOTES POSITIVE DISCIPLINE TECHNIQUES SUCH AS GUIDANCE AND REDIRECTION. AT NO TIME IS PHYSICAL, CRUEL OR HARSH PUNISHMENT USED. I UNDERSTAND THAT THE SCHOOL HAS THE AUTHORIZATION TO WITHDRAW MY CHILD IN THE EVENT THAT MY CHILD IS EXCESSIVELY ENDANGERING HIM/ HERSELF, OTHER STUDENTS OR STAFF MEMBERS UPON NOTIFICATION TO THE PARENT/ GUARDIAN. _____

I HAVE READ AND UNDERSTAND THE FAMILY HANDBOOK AT NEW ADVENTURES EARLY LEARNING CENTER, INC. AND AGREE TO THE POLICIES AND PROCEDURES STATED WITHIN. I HAVE ALSO READ *THE INFLUENZA VIRUS GUIDE FOR PARENTS*. _____

I HAVE READ AND RECEIVED A COPY OF *KNOW YOUR CHILD CARE CENTER*. _____

HEALTH EXAMINATIONS:

I UNDERSTAND THAT I AM RESPONSIBLE FOR PROVIDING AND MAINTAINING UP TO DATE HEALTH AND IMMUNIZATION RECORDS FROM MY CHILD'S PHYSICIAN IN ORDER TO STAY ENROLLED AT THE SCHOOL. _____

PARENT/ GUARDIAN SIGNATURE _____ DATE _____

PARENT/ GUARDIAN PRINTED NAME _____

2017 FALL REGISTRATION INFORMATION

CHILD'S NAME _____ DATE OF BIRTH _____ AGE _____

DAYS CHILD WILL ATTEND _____ HOURS _____

DATE OF ENROLLMENT _____ (DATE CHILD WILL BEGIN SCHOOL)

PARENT/ GUARDIAN NAME WITH PHOTO IDENTIFICATION _____ SS# _____

PARENT E MAIL ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE _____ WORK TELEPHONE _____

CELL TELEPHONE _____ SIBLING NAME _____ (IF ALSO ENROLLED AT THE PRESCHOOL)

PAYMENT PLAN _____ WEEKLY _____ MONTHLY _____ SCHOOL YEAR _____
PLEASE BE SURE TO WRITE YOUR CHILD'S FIRST AND LAST NAME ON THE CHECK

TUITION AGREEMENT

I HAVE BEEN ADVISED THAT THE HOURS OF OPERATION FOR NEW ADVENTURES EARLY LEARNING CENTER, INC. IS MONDAY THROUGH FRIDAY FROM 7:00 AM UNTIL 6:00 PM. I AM RESPONSIBLE FOR PAYMENT IN ADVANCE AND A LATE FEE OF \$30 WILL BE CHARGED TO MY ACCOUNT IN THE EVENT THAT PAYMENT HAS NOT BEEN RECEIVED ON THE LAST DAY OF THE PRECEDING MONTH IF PAYING ON A MONTHLY SCHEDULE. MY PAYMENT PLAN WILL CHANGE FROM A MONTHLY STATUS TO A WEEKLY STATUS IF TUITION IS NOT PAID BY THE 3RD OF THE MONTH AND THE LATE FEE OF \$30 WILL APPLY. A LATE FEE OF \$20 WILL INCUR ON MONDAY EVENING AFTER 5:00 PM ACCORDING TO MY WEEKLY PAYMENT PLAN. ON THE THIRD DAY WITH NO PAYMENT MY CHILD WILL BE WITHDRAWN FROM THE SCHOOL. Parent Initials _____

IF MY CHILD IS NOT PICKED UP BY 6:00 PM I WILL BE CHARGED A LATE FEE OF \$1 PER MINUTE. IF EXCESSIVE LATENESS OCCURS, I UNDERSTAND THAT THE SCHOOL HAS THE RIGHT TO DISCONTINUE ENROLLMENT UPON NOTIFICATION TO PARENT. _____

I UNDERSTAND THAT PAYMENT MUST BE MADE THROUGH ELECTRONIC FUNDS TRANSFER OR WEB LINK BASED PAYMENTS. IF PAYMENT DOES NOT GO THROUGH LATE FEES APPLY ACCORDINGLY AND/OR DISMISSAL FROM THE PROGRAM WILL RESULT. _____

I UNDERSTAND THAT I MUST GIVE ONE MONTH'S NOTICE IF I CHOOSE TO WITHDRAW MY CHILD FROM SCHOOL FOR ANY REASON. I AM RESPONSIBLE FOR PAYMENT IF I WITHDRAW MY CHILD WITHOUT PROPER NOTIFICATION. _____

I UNDERSTAND THAT THERE ARE NO REFUNDS OF DEPOSITS, REGISTRATION FEES OR TUITION PAYMENTS AT ANY TIME. I AM RESPONSIBLE FOR ALL PAYMENTS REGARDLESS OF DAYS MISSED DUE TO ILLNESS, VACATION, HOLIDAYS, WEATHER CONDITIONS, ETC. THERE ARE NO MAKE UP DAYS ALLOWED. IF MY CHILD STAYS PAST THEIR ENROLLED TIME ON ANY GIVEN DAY, I WILL BE BILLED \$5 PER HALF-HOUR (EXCLUDING 6:00 PM CLOSING). _____

PARENT/ GUARDIAN SIGNATURE _____ DATE _____
PARENT GUARDIAN PRINTED NAME _____ PASSWORD _____