

New Life Christian Early Learning Center
Attention: Courtney 2795 Patterson Drive, Aliquippa, PA 15001
Complete both sides and return with \$45.00 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:

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: \$900 per year or \$100 a month (Sept-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

*Will consider adding an afternoon class from 12:15-2:30 if we have enough interested.

_____AM or _____PM (please check your preference)

Pre-Kindergarten: \$1,080 a year or \$120 a month (Sept-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)

Our payments for next year will be now for nine months, we are going to extend the year a bit by starting a week earlier, the week of Labor Day and going an extra week in May ending on May 16 for the Prep class and May 17 for the PreK.

Office use only				Fee paid
Check	Cash	Date	Initials	