



NEW WORLD LEARNING ACADEMY

2017-2018 ENROLLMENT PACKET

Read carefully, then complete and return the following:

- APPLICATION FOR ADMISSION FORM**
- ENROLLMENT AGREEMENT – SEE FRONT OFFICE FOR AGREEMENT**
- GENERAL RELEASE FORM**
- CONFIRMATION OF RECEIPT OF PARENT HANDBOOK & EMAIL LIST**
- EMERGENCY, INFORMATION AND IMMUNIZATION RECORD CARD**
- IMMUNIZATIONS**
 - Attach a copy of your child's updated immunization record OR attach a copy of the full immunization record if your child is new to New World Learning Academy
- ENROLLMENT FEE**
 - Make Check payable to New World Learning Academy
 - Place your child's name in the memo area along with the words "Enrollment Fee" so the fee will be credited properly to your account.

Questions? – Please contact administration @ (480) 248-6125

THANK YOU FOR CHOOSING NEW WORLD LEARNING ACADEMY!



900 E. Pecos Rd. Suite 8
Chandler, AZ 85225
Phone: (480) 248-6125

admin@nwlacademy.com
www.nwlacademy.com

2017-2018 Application for Admission

Child Information

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Gender: Male Female Date of Birth: _____

Child's Address: _____
Street Address City State Zip

Other schools attended: _____

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____
Street Address City State Zip

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____
Street Address City State Zip

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Cell Phone: () _____

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child living with: Both Parents Mother Father Other _____

Please list other siblings in the family and their ages:

Office Use Only

Date: _____ Check#/CC: _____ Amount: _____ Fee: _____ Class: _____ Immunization Agreement Release Handbook

Additional Information: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Do we have permission to contact your pediatrician in case of an emergency? [] Yes [] No

Emergency Contacts & Authorized Pickup Persons:

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

3. Name: _____ Phone: _____ Relationship: _____

Special Requests:

Does your child have any special requests or needs that we need to be aware of?

Additional Comments & Information:

Please list any characteristics to helpful information you feel your child's teacher or NWLA staff should know about your child.

Volunteers:

Do you have any special skills you would be willing to share with New World Learning Academy?

How did you hear about us?

- | | |
|--|--|
| <input type="checkbox"/> Raising Arizona Kids Magazine | <input type="checkbox"/> San Tan Sun News Article |
| <input type="checkbox"/> Arizona Parenting Magazine | <input type="checkbox"/> East Valley Tribune Article |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Other Newspaper Article |
| <input type="checkbox"/> US Family Guide | |
| <input type="checkbox"/> Nextdoor.com | <input type="checkbox"/> Family/Friend _____ |
| <input type="checkbox"/> Facebook | |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Flyer | |

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Child & Parent Readiness: The child should be fully toilet trained **and not in diapers or pull ups with no accidents throughout the school day. We understand accidents do happen however this should not be a daily occurrence.** Parents must be ready to leave their child with confidence, ready and willing to follow the suggestions of their child's teacher and administration.

Tuition Policy: New World Learning Academy has a 10 month academic year. Tuitions are based on the full year's fee which has been divided into 10 equal monthly payments for your convenience. Payments are not considered by the month charges. Payments are due on the 1st of each month beginning July 1 and ending April 1. Tuition is non-refundable and non-transferable, nor is it pro-rated due to absences caused by illness, vacations, and withdrawal/dismissal or otherwise. Each withdrawal from the year's program does not terminate parent's tuition responsibility. Enrollment in the program entails responsibility for the entire year's tuition.

Tuition & Class Placement: We offer three class options. Class placement is based on multiple criteria including age, ability and school readiness. Children must be at least 3 years old by September 1st. Age exceptions into any class are based on testing results, school readiness and are at the discretion of the Director. Please contact administration for further details. Below are the class options. We offer an 8% discount for tuition paid in full by July and a 4% discount for tuition paid two times a year, July 1 and December 1.

| | Full Time | Part Time Option 1 | Part Time Option 2 |
|--|--------------------------------------|---|---|
| | Monday – Friday 9:00-3:00 | Monday, Wednesday, Friday 9:00-12:00 | Monday – Friday 9:00 – 12:00 |

Testing: New students are tested in July. Returning students will be tested in early September.

The Enrollment Agreement outlines payment options, fees and any discounts offered. We reserve the right to refuse enrollment if testing results, age, potty-training, school readiness, etc. standards are not met. To obtain the Enrollment Agreement and pricing, please contact our office at (480) 248-6125.



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General Release Form

Child's Name: _____ Date of Birth: _____

Enrollment Forms: Both the Application Form and Enrollment Agreement, along with the **\$250** enrollment fee must be completed and submitted before the child's placement is secured at New World Learning Academy. The Emergency Form must accompany the child on the first day of class or have been submitted prior to the first day. **NO CHILD** will be admitted without this card on the school premises, completed and signed. A copy of your child's immunization record must accompany the Emergency Form. **This copy of proof of immunization must be submitted at time of enrollment or within 15 days of the admission of your child.**

1. New World Learning Academy may use photographs, reproductions, and/or sound recordings of my child(ren) for the purpose of school programs, advertising (both in print and online), and miscellaneous curriculum uses.
2. I hereby release, indemnify and hold harmless New World Learning Academy and its staff from any loss or damage to toys, clothes or any other personal articles.
3. I hereby warrant New World Learning Academy that I am entitled to legal custody and possession of my child(ren) and, accordingly, am authorized to place my child(ren) in your care and custody and am father authorized to sign this release form. If proof of custody is required, I agree to provide the school office with appropriate court papers to keep on file.
4. On admission of my child(ren) to New World Learning Academy I agree to observe the policies and regulations as set forth by the school. I have read and agree, with the philosophies, policies, and curriculum as outlined in the school handbook which I have received a copy from the office or downloaded.
5. I am aware that New World Learning Academy liability insurance policy covers only the students formally enrolled and no other children using the facility. Therefore, if for any reason I bring to school children other than those enrolled and in the event that they should sustain injuries on said premises, I hereby release and absolve the school completely and totally from all blame for any and all subsequent consequences thereof, if any. The above also pertains to any animals brought onto the premises. I also understand that by bringing other children to the school, I will do so only with the administrator's permission.
6. Parents sometimes have a need to contact other parents. The office manager or administrator may release authorized information unless the office has been notified in writing that contact information is not to be distributed among New World Learning Academy enrolled families. Parents agree to use this information for school associations only.
7. Parents have access to New World Learning Academy anytime during school hours. We do request however that the work of the children and the teacher's and other staff member's attention will not be disturbed and that parents will walk and speak quietly at all times. If you wish to speak with your child's teacher, please make an appointment. Parents are allowed to stay for a period of 30 minutes in the classroom or on the campus, after which their stay may only be lengthened upon teacher or Administration approval. Lengthy visits can disturb the focus of their child and the students/teacher during class and play times.
8. Upon enrolling their child at New World Learning Academy, parents are aware and agree, that part of the Practical Life and other areas of the environment in our classrooms involve activities such as using pencils, scissors, science and computer lab equipment etc. Parents agree to allow their child to fully participate in these activities.
9. The 2017-2018 Parent Handbook has dress and behavior codes. Parent(s) agrees to review them and will support the dress and behavior standards as stated in the handbook.
10. New World Learning Academy accepts students with special needs on a case by case basis. After enrollment, observation of the child in the classroom along with conferencing with faculty and parents will help ascertain if the child's placement continues to be appropriate for him/her and classmates.
11. New World Learning Academy does not provide transportation.
12. New World Learning Academy carries the appropriate liability insurance as mandated by the Arizona Department of Health Services/Office of Child Daycare Licensure.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____



Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

| | | |
|---|-----------------------|--|
| Child's Name: | Date Enrolled: | Updated: |
| Home Address (#, Street, City, State, Zip Code): | | Date Disenrolled: |
| Home Phone: | Date of Birth: | Sex: <input type="checkbox"/> male <input type="checkbox"/> female |

| | |
|---------------------------------|---|
| Parent or Guardian Name: | Home Address (#, Street, City, State, Zip Code): |
| Cell Phone (optional): | Contact Telephone Number: |

| | |
|---------------------------------|---|
| Parent or Guardian Name: | Home Address (#, Street, City, State, Zip Code): |
| Cell Phone (optional): | Contact Telephone Number: |

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

| | |
|--------------|----------------------------------|
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |
| Name: | Contact Telephone Number: |

If Medical care is necessary, call: *A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

| | | |
|------------------------------|--------------|---------------|
| Health Care Provider* | Name: | Phone: |
|------------------------------|--------------|---------------|

| | |
|---|--|
| In case of injury or sudden illness, I request that this individual be called first: | |
|---|--|

The following individual(s) may NOT remove my child from the facility:

| |
|----------|
| Name(s): |
|----------|

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to: www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of current official documented immunization record attached |
| <input type="checkbox"/> | Religious Beliefs exemption form signed by parent/guardian attached |
| <input type="checkbox"/> | Medical Exemption form signed by physician and parent/guardian attached |
| <input type="checkbox"/> | Signed Laboratory Proof of Immunity form attached |

| | | | |
|--|-------------|-------------|-------------|
| Notification of immunizations needed sent to Parent(s) or Guardian(s): | mo /day/ yr | mo /day/ yr | mo /day /yr |
| Updated immunizations received and attached: | mo /day/ yr | mo /day/ yr | mo /day /yr |

Medical Information

| |
|--|
| <p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p> |
| <p>Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| <p>Additional comments:</p> |
| <p>Other special instructions:</p> |

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

| | | |
|-------------------------------|--------------|-------|
| Parent/Guardian PRINTED Name: | SIGNED Name: | DATE: |
| | | |



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Parent Handbook Receipt, Email List, Directory Information

Child's Name: _____ Date of Birth: _____

This confirms that I have received the 2017-2018 New World Learning Academy Parent Handbook by the following method:

_____ Downloaded or read from the school's website: www.nwlacademy.com

_____ Requested and received a copy from the office

Mother's Signature

Date

Father's Signature

Date

It is important to us to know our parents have received the 2017-2018 Parent Handbook from the office or from the website.

This information will be used solely for school information such as newsletters, calendars and other general information and announcements and will not be distributed.

Mother's Name

E-Mail Address

Father's Name

E-Mail Address

Please provide the information you would like to be listed in the directory. This information will be available to all parents for birthdays, carpools, etc.

Child's Name

Phone Number

Address

E-Mail Address



2017 – 2018 Calendar

| August 2017 | | | | | | |
|-------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |

| September 2017 | | | | | | |
|----------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

| October 2017 | | | | | | |
|--------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | | | | |

| November 2017 | | | | | | |
|---------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | | |

| December 2017 | | | | | | |
|---------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| | | | | | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 31 | | | | | | |

August
17 Open House – Meet the Teacher
22 First Day of School

September
4 Labor Day - **No School**

October
9 - 17 Fall Break
18 School Resumes
27 Teacher Work Day - **No School**
Week of 30th Parent/Teacher Conferences

November
10 Veteran's Day – **No School**
22 - 24 Thanksgiving Holiday – **No School**

December
20 End of Semester
21 - 29 Winter Break – **No School**

January
1 - 5 Winter Break - **No School**
8 School Resumes
15 Dr. Martin Luther King Day – **No School**

February
2 Teacher Work Day – **No School**
19 President's Day – **No School**

March
12 - 20 Spring Break – **No School**
21 School Resumes
30 Spring Holiday – **No School**

April
20 Teacher Work Day - **No School**
Week of 30th Parent/Teacher Conferences

May
24 Last Day of School

| January 2018 | | | | | | |
|--------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | | | |

| February 2018 | | | | | | |
|---------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | | | |

| March 2018 | | | | | | |
|------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| | | | | 1 | 2 | 3 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |

| April 2018 | | | | | | |
|------------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | | | | | |

| May 2018 | | | | | | |
|----------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| | | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | | |