



## 2018-2019 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

## 2018-2019 Application for Admission

### Child Information

Registration/Re-Enrollment 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?

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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?

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### Additional Comments & Information:

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

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### Volunteers:

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

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### 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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Initial

**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 1<sup>st</sup> 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 Payment Late Fees:** Tuition payments are the full responsibility of the Parent(s)/Guardian. Parents are to sign the NWLA Tuition Agreement and abide by the payment schedule. Parent(s)/Guardian will NOT receive monthly invoicing for tuition payments. The Tuition Agreement will be signed by both parties and Parent(s)/Guardians will receive a signed copy of this agreement at the time of student acceptance. Any account where tuition payments are made after the 5<sup>th</sup> of the month will incur a \$25 late fee. There are no exceptions.

**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 1<sup>st</sup>. 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.

**Tuition is based on the full year’s fee which has been divided into 10 equal monthly payments for your convenience. See below for payment options and due dates. Dates are strictly enforced.**

	<b>Full Time</b> <b>Monday – Friday</b> <b>9:00-3:00</b> <b>Annual Tuition \$7,995</b>	<b>Part Time - Option 1</b> <b>Monday – Friday</b> <b>9:00 – 12:00</b> <b>Annual Tuition \$5,200</b>	<b>Part Time - Option 2</b> <b>Mon, Wed, Fri</b> <b>9:00-12:00</b> <b>Annual Tuition \$4,300</b>
<b>July 1<sup>st</sup></b>	[ ] 1 payment of \$7,314 (8% discount)	[ ] 1 payment of \$4,784 (8% discount)	[ ] 1 payment of \$3,956 (8% discount)
<b>1. July 1<sup>st</sup></b> <b>2. December 1<sup>st</sup></b>	[ ] 2 payments of \$7,632 (4% discount)	[ ] 2 payments of \$4,992 (4% discount)	[ ] 2 payments of \$4,128 (4% discount)
<b>Beginning July 1<sup>st</sup></b>	[ ] 10 payments of \$795	[ ] 10 payments of \$520	[ ] 10 payments of \$430

**Testing:** New students are tested in July/Early August. Returning students will be tested in early September.

**Sibling Discount:** A 10% tuition discount is given for younger siblings. The registration fee is not included in the discount.

**Fees:** A \$250 fee must accompany the Application for Admission and will hold your child’s placement until July at which time the first tuition payment is due. The fee includes covers Registration, Special Activities and testing. All fees are non-negotiable, non-refundable and non-transferrable. Also required is a one-time \$150 STEM Supply Fee (\$75 for Half Day). This is due with first month’s tuition.

**Late Pick-Up Fee:** New World Learning Academy is open from 9:00-3:00. Doors Open for Drop-off at 8:50. Beginning at 3:10 p.m., \$1.00 per minute for each additional minute is billed until your child is picked up. This is strictly enforced. We realize events occur that are out of your control and therefore we allow 2 exceptions to this fee. You are required to call and let us know the reason for being late and your ETA.

**Returned Checks:** A charge of \$15.00 will be assessed on any returned checks.

**Payment Options:** Cash, Check or Credit Card. Please note, a 3.4% processing fee will be added to all debit/credit card payments.

**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.**



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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 including tuition & fees, 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 2018-2019 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**

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

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

<b>Parent or Guardian Name:</b>	<b>Home Address (#, Street, City, State, Zip Code):</b>
Cell Phone (optional):	<b>Contact Telephone Number:</b>

**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.)**

<b>Name:</b>	<b>Contact Telephone Number:</b>
<b>Name:</b>	<b>Contact Telephone Number:</b>
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.

<b>Health Care Provider*</b>	<b>Name:</b>	<b>Phone:</b>
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<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
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The following individual(s) may NOT remove my child from the facility:

Name(s):
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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](http://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

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs.	<input type="checkbox"/> No <input type="checkbox"/> Yes
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
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
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
Additional comments:	
Other special instructions:	

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 2018-2019 New World Learning Academy Parent Handbook by the following method:

\_\_\_\_\_ Downloaded or read from the school's website: [www.nwlacademy.com](http://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 2018-2019 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