



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

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www.nwacademy.com

2019-2020 Extended Care Enrollment

Students will have an opportunity to participate in many different activities which will include:

- Staff facilitated 'hands-on' activities
- Technology, Engineering and interdisciplinary projects
- Arts and crafts
- Computer Lab

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

Mother's Name: _____

Father's Name: _____

Home Phone: () _____

Home Phone: () _____

Office Phone: () _____

Office Phone: () _____

Cell Phone: () _____

Cell Phone: () _____

Email: _____

Email: _____

Before School Care (1 option):

One Hour 8:00 a.m. – 9:00 a.m. \$80 / Month

After School Care (select one):

3:00 p.m. – 3:30 p.m. \$50 / month

3:00 p.m. – 5:00 p.m. \$175 / month

3:00 p.m. – 4:00 p.m. \$90 / month

3:00 p.m. – 6:00 p.m. \$240 / month

Emergency Care: \$11/ Hour

Late Fee: Pick up is on the hour. \$1 / minute after the first 10 minutes. If consistently late in picking up, NWLA reserves the right to charge a \$10/day surcharge.

Payment is due on the 1st of each month. A late payment fee of \$25.00 will be assessed after the 15th of each month.

Emergency Information

Doctor: _____ Phone: _____ Dentist: _____ Phone: _____

Life Threatening Illness or Allergies: _____

Emergency Procedures to follow: (All medications must be turned into the office and all forms signed by parent/doctor prior to enrollment)

Emergency Contact Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Office Use Only

Date: _____ Check#/CC: _____ Class: _____ Cancel Date: _____ Parent Cancellation Signature: _____

The following people are authorized to pick up my child:

Name	Relationship	Work Phone	Cell Phone

I hereby give my child permission to participate in the 2018-2019 Extended Care program at New World Learning Academy(NWLA). In addition, I authorize NWLA to take my child to the doctor or hospital for an emergency treatment which may be necessary if none of the above persons can be reached.

Select your preferred payment option:	<input type="checkbox"/> Pay by check/cash monthly – due 1 st of the month. Late fee of \$25 after the 5 th of the month. <input type="checkbox"/> Pay by Credit Card Monthly (minimum \$50 transaction and 3.4% fee applies)
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I hereby release New World Learning Academy from and waive my right to make a claim against NWLA, for any liability or damage arising from any injury sustained by my child while participating in any NWLA program or event.

Failure to Pay: The parent agrees to pay the aforementioned tuition and fees as specified, time being of the essence with respect thereto. In the event of non-payment of any funds due thereunder, New World Learning Academy, LLC reserves the right to cancel this agreement and to exclude Child from participating in the instruction. The unpaid balance shall accrue thirty days from and after the due date, until paid in full at the interest rate of 1.5% per month. The annual percentage rate shall be 18% in the event that it becomes necessary for New World Learning Academy, LLC to employ a collection agency and/or an attorney for collection of any amounts due under this agreement. Parent agrees to pay all the costs and expenses incurred by New World Learning Academy, LLC. Delinquent accounts will be sent to a company or lawyer employed by NWLA for collections management. If payment is still delinquent at the end of the second month, the student’s attendance will be suspended on the 1st day of the next month. Placement is lost if balance is not brought to a current status by the 30th of that month (in February, 28th).

The parent understands and agrees that the Child’s placement is not secured until all enrollment forms and fees have been turned into the office.

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.

Parent Signature: _____ Date: _____

Please return to the front office, 900 E Pecos Dr. Suite 8 Chandler, AZ 85225

For more information, please call (480) 248-6125