



NEW CITY
early learning academy

Child Enrollment Form

Child and Family Information

Child's Last Name	First Name/Middle Initial	Nickname	Male/Female
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Date of Birth	Current Age	Best number to call for questions, illnesses, emergencies?	
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Home Address	Apt. #	City/State/Zip	Second contact phone
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Mother's Full Name	Address if different than the child	Home/Cell Phone Number	
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Mother's Employer	Employer Address	Occupation	Work Phone Number
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Email Address	Any other contact phone		
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Father's Full Name	Address if different than the child	Home/Cell Phone Number	
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Father's Employer	Employer Address	Occupation	Work Phone Number
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Email Address	Any other contact phone		
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Emergency Contacts and Persons Authorized to Pick Up the Child *(Photo ID will be reviewed)*

Mother (As listed above) ___ Father (As listed above) ___ State requirements include additional emergency contacts. Please choose if the emergency contacts can also pick up your child.

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|----|-----------|-----------------------|---------------------|-------------------|
| 1. | _____ | _____ | _____ | Y/N _____ |
| | Full Name | Relationship to child | Cell or Work Number | Can pick up child |
| 2. | _____ | _____ | _____ | Y/N _____ |
| | Full Name | Relationship to child | Cell or Work Number | Can pick up child |
| 3. | _____ | _____ | _____ | Y/N _____ |
| | Full Name | Relationship to child | Cell or Work Number | Can pick up child |

Child Allergy or Special Diet Instructions- any additional medical information requiring medication will be completed on a separate form. There is a CACFP enrollment form to be completed upon enrollment and annually in July.

Does your family attend New City Church? _____ If yes, which campus? _____

Have any of your children been enrolled in our Sunday programs or New City Early Learning Academy before? _____

New City Early Learning Academy agrees that no family or child, based on race, color, religion, national origin, ancestry, physical handicap, or sex, be excluded from or be denied benefits of participation or subject to discrimination by New City Early Learning Academy in accordance with K.S.A 44-1009.

In accordance with CACFP of Kansas: New City Early Learning Academy is an equal opportunity provider.

All enrollment fees are due at the time of registration and are non-refundable. The enrollment process is complete when all forms are submitted at least 2 working days before children are to begin care and the Annual Enrollment and Registration is paid. This fee is prorated through the year and assessed annually in August. We use the Brightwheel app for documentation about your child's day, parent communication, and payments. Please download the app and complete your registration prior to your child's first day of care.