



ENROLLMENT APPLICATION

1601 E COLLEGE ST CRAWFORDSVILLE, IN 47933

STUDENT INFORMATION

FIRST NAME	MIDDLE NAME		LAST NAME	
NICKNAME	AGE	DATE OF BIRTH	GENDER	HOME PHONE
MAILING ADDRESS			CITY	ZIP CODE
EMAIL ADDRESS	SCHOOL CORPORATION	HOME CHURCH	START DATE	

DROP-OFF AND PICK-UP SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DROP-OFF					
PICK-UP					

FAMILY INFORMATION

PARENTS: MARRIED DIVORCED SEPARATED SINGLE FOSTER

If parents are divorced or separated, who is custodial parent? _____

If there are custody regulations, **we will need a copy of legal paperwork on file.**

PARENTS CONTACT INFO

PARENTS NAMES	WORK NUMBER	CELL NUMBER	OTHER NUMBER

SIBLINGS

NAME	GENDER	AGE	NAME	GENDER	AGE



In the event of an emergency, please give us the names of two responsible adults to contact if parents cannot be reached:

NAME	PHONE	RELATIONSHIP

If Child Care is canceled, who do we need to contact?

NAME	PHONE	OK TO TEXT?

ALLERGY/MEDICAL INFORMATION: _____

What information would be helpful for us to know? _____

Who has permission to pick up your child(ren) from New Beginnings Child Care? They must be ready to present ID if we do not know them. First and Last names please, and list everyone, including both parents. One name per box, please!

NAME	NAME	NAME

PERMISSION

_____ I consent to have my child's picture as advertisement in the newspaper, television, Internet, and other promotional material. (Your child's first name might appear but never their full name)

_____ I consent to my child participating in all activities offered at New Beginnings Child Care.

_____ I consent for triple antibiotic ointment to be applied for a small cut or scrape at NBCC.

_____ I consent for hydrocortisone to be applied for bug bites if my child complains of itching at NBCC.

We agree to abide by the school's policies and guidelines as stated in the New Beginnings' Handbook.

Father's Signature _____ Date: _____

Mother's Signature _____ Date _____



NEW BEGINNINGS CHILD CARE FEES

To enroll your child in New Beginnings Child Care, please read this form carefully. If your account is delinquent more than 2 weeks your child will not be allowed back until a payment has been received. We will only hold your child(ren)'s spots in their classrooms for 1 week. For complete rules, please see the parent handbook.

Your weekly tuition check must be put in the locked box provided. **NO CASH ACCEPTED.** We accept checks, money orders, and ACH transfers. Please make your payment payable to: **New Beginnings Child Care (NBCC).** Please be advised: **Teachers CANNOT accept payments.**

FAMILY DISCOUNT: The multi-family child discount is \$15 per week, per family, for families with more than one child.

TUITION AND FEES

REGISTRATION FEE: \$30.00 per family one-time fee to reserve your child(ren)s spots non-refundable

RETURN CHECK FEE: \$25.00

CLASS/AGE	WEEKLY TUITION
Infants	\$175.00
Toddlers/Two's	\$150.00
Threes	\$135.00
Fours/Fives	\$135.00
