

New Vineyard Academy After-School Program



REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly.

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ Date of Birth: _____

School: _____

Grade attending year 2019-2020: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Country: _____ Telephone: _____ cell: _____

Parent email: _____

(Include area code with telephone)

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Persons authorized to pick up your child(ren):

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Other Dismissal Arrangements _____

Emergency contact*: _____ **Relationship:** _____

Phone Number: _____

Specify any of your child's health problems or allergies: _____

Is your child on any medication? No Yes If so, please specify: _____

Payment Plan: Choose 1 payment plan that is best for you.

_____ **Option 1:** Weekly payment plan (Due on Monday of each week) Late payment apply after Tuesday of each week. The late payment is \$5.00 per day per child.

_____ **Option 2:** Biweekly (due on the 1st and 15th of each month) Late payment apply after 2nd and 15th of each month. The late payment is \$5.00 per day per child.

_____ **Option 3:** Monthly (due on the 1st of the month) Late payment apply after 2nd of the month.

Late payments can not go past 5 days, if so, your child will not be able to return until the payment and late fees are paid in full.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

Administrative Use Only:

Date of Enrollment: _____ Date of Dismissal: _____

Date to Begin Picking up child _____

Amount of Deposit paid: \$ _____ Fee paid \$ _____ Staff Initials _____

EMERGENCY MEDICAL RELEASE FORM

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem necessary.

Parent/Legal guardian name _____ Date _____

Parent/Legal guardian Signature _____ Date _____

Student Allergies _____

Student Medical Problems _____

Doctor _____ Phone number _____

Insurance carrier _____ Policy number _____

Who is financially responsible for the student? _____

Parent/Guardian Signature: _____ Date: _____

PHOTO CONSENT FORM

____ I grant permission for my son/daughter to be photographed during 2019-2020 school year. I further agree that these photos (still and moving) may be used in a variety of contexts to spotlight the New Vineyard Community Development Center program, including flyers and websites, bulletin boards and newsletter, news releases for community newspapers, and the Evangelist purposes, etc.

____ I don't grant permission for my son/daughter to be photographed.

Child's Name _____

Parent/Guardian Signature: _____ Date: _____

PERMISSION TO PICK-UP FROM SCHOOL

This waiver form is to give a staff member of the New Vineyard After-School Program permission to pick up your child at their school and to transport the child to the Center. To facilitate this process, you need to give your school information to allow pickup by New Vineyard After-School Program staff. New Vineyard CDC After- School Program staff will make every effort to ensure the safest and

most direct possible route between the school and the Center and will make every reasonable effort to ensure the safety of your child during transport.

Parent/Guardian

Signature _____ Date _____

LIABILITY RELEASE STATEMENT

Child's Name _____

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, New Vineyard Church and persons of any liability against personal losses of you/your child.

Please read the following statement and sign below.

I / We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the student named above, a minor, and have given our consent for him / her to attend New Vineyard CDC (hereafter the "Event") being organized by New Vineyard CDC. I / We understand that there are inherent risks involved in any event, and I / we hereby release New Vineyard Church, New Vineyard CDC its employees, its agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my / our child's involvement with the Event. In the event that he / she is injured while attending the Event and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which a physician and / or hospital personal refuses to administer without my / our consent, I / we hereby authorize the Program leaders, or another adult leader designated by him / her, to give consent for me / us, and I / we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

I / We give permission for my child to participate in all afterschool activities at New Vineyard CDC for the school year 2019-2020.

Parent/Guardian

Signature _____ Date _____

**New Vineyard Academy
4207 Rainey Road
Jackson, MS 39212**

PARENT/LEGAL GUARDIAN PAYMENT CONTRACT

Financial Agreement form for parents of enrolled students at New Vineyard Academy.

By signing this contract, you agree to the following Terms and Conditions:

Parent's Name: _____

Parent's Work Phone: _____

Parent's Social Security Number: _____

PAYMENT OF FEES/PROMISE TO PAY

I understand that when I enroll my child at New Vineyard Academy/New Vineyard Community Development Center or any received services from NVA/NV CDC, I accept full responsibility to pay all tuition, fees and other associated costs assessed as a result, of my child's registration and/or receipt of services. I further understand and agree that my child's registration and my acceptance of these terms constitutes a promissory note agreement to pay. I promise to pay for all assessed tuition, fees and other associated costs by the due date listed below. I understand and agree that if I withdraw my child, I must give a two weeks-notice. If the two weeks-notice is not received in a formal letter or not received at all, I promise to pay the two weeks of tuition to fulfill my financial obligation to the school. I have read the terms and conditions of the published tuition policy and understand those terms are incorporated herein by reference.

DELINQUENT ACCOUNT/COLLECTION

I understand and agree that if I fail to pay my child's account or any monies due and owing NVA by the scheduled due date, my child can not return until the monies and all associated fees are paid in full. NVA will assess late payment and/or finance charges at the rate of \$5.00 per day, per child enrolled.

Collection Agency Fees:

I understand and accept that if I fail to pay my child's account or any monies due and owing NVA by the scheduled due date and fail to make acceptable payment arrangements to bring my student's account current, NVA may refer my delinquent account to a collection agency. I further understand that I am responsible for paying the collection agency fee which may be based on a percentage at a maximum of 40% percent of my delinquent account, together with all costs and expenses, including reasonable attorney's fees,

necessary for the collection of the delinquent account. Finally, I understand that their delinquent account may be reported to one or more of the national credit bureaus.

This agreement shall be construed and governed by the laws of the State of Mississippi. I am the parent or legal guardian of: Student Name _____.

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

Please sign and return this document as an email attachment to newvineyardcdc@gmail.com or send via U.S. Mail or return in person to the New Vineyard Academy. If not signed and returned your student will not be allowed to enroll. Please keep a copy of this document for your records.