Nova Elm Academy (NEA)

Academic School Only Registration Form
(Monday – Friday 1:00 PM – 4:00 PM)

Academic School Tuition

- ☐ $375.00 Monthly tuition
- ☐ $25.00 Monthly security fee
- ☐ 15 % - 2nd Child discount
- ☐ 30 % - 3rd Child discount
- ☐ 50 % - 4th Child discount
- ☐ $170.00 One-time Reg.
- ☐ 1:00 PM – 4:00 PM

Student Information:

Last Name: ________________________________ First Name: _______________________ Middle Name: _____________________

Address: __________________________________ City: _________________________ State: _________ Zip Code: ______________

Date of Birth: _____________________________ Grade: ________________ Gender: Male Female

Parent / Guardian Information:

Name of Father: ____________________________ Phone: (_______) ________-_________ Email: _____________________________

Name of Mother: ___________________________ Phone: (_______) ________-_________ Email: _____________________________

Emergency Information:

Contact: ______________________________ Relation to Student: ____________________ Phone: (_______) ________-_________

Allergies: ____________________________ Medication: __________________________

Medical Insurance: _________________________________Policy #: _______________________________

Doctor's Name: __________________________________ Phone: (________) ________-_________

Nova Elm Academy (NEA) Liability Waiver

As the parent/legal guardian of the minor listed above, I hereby grant permission for the student(s) to participate in all the activities of NEA programs. I assume full responsibility for any injuries or damages which may occur to this student(s), in, on or about the premises of NEA, or arising out of its activities, and do hereby fully and forever release and discharge NEA, its employees, staff, and volunteers, from any and all claims, demands, rights of action, or causes of action, present or future, whether same, be known, anticipated or unanticipated, resulting from or arising out of the student(s) participation in the programs and activities of the aforesaid school. I further grant permission to provide emergency first-aid and/or hospitalization to the student(s) listed above in case of injury or illness as deemed appropriate by the school or a physician. Any medical expense incurred for medical treatment shall be my responsibility. I also understand that it is my responsibility to make the office aware of any medicine the child is taking.

☐ I also understand that payment is due at time of registration and is non-refundable.

_____________________________________ ____

Signature of Parent/Guardian **Date**

For Office Use Only

- ☐ Payment Received by ________________________ on _________________
- ☐ Payment Type

1. Post Dated Checks # ____________________________ Payment from _______________ to _______________
2. Credit Card

Name on card _____________________ Number ___________________________Expiration date _____________ CVC ________