

| Section 1 FOR ADMINISTRATIVE USE ONLY |   | Section 2 FOR ADMINISTRATIVE USE (CDE PROGRAMS ONLY)                                      |  |
|---------------------------------------|---|---|--|
| SITE:                                 | <b>PAYMENT PLAN:</b><br><input type="checkbox"/> 1 <sup>st</sup> of the Month <input type="checkbox"/> 5 <sup>th</sup> & 20 <sup>th</sup> of the Month<br><input type="checkbox"/> Every Monday |   |  |
|                                       | START DATE:   | DAYS: M / T / W / TH / F  |  |
| PAYMENT AMOUNT                        |   | STAFF INITIALS:   |  |
|                                       |   | MBF Status: (circle one)   STAFF INITIALS:<br>F                    R                    B |  |

## NEW LIFE DISCOVERY SCHOOLS REGISTRATION / ENROLLMENT FORM

### Section 1

#### NAME OF CHILDREN

|             |          |            |                       |  |
|-------------|----------|------------|-----------------------|--|
| First Name: | Initial: | Last Name: | Date of Birth:<br>/ / | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| First Name: | Initial: | Last Name: | Date of Birth:<br>/ / | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| First Name: | Initial: | Last Name: | Date of Birth:<br>/ / | Gender:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |

### Section 2

#### PARENT OR GUARDIAN (Primary Responsible Party)

|                   |             |                    |                       |                     |
|-------------------|-------------|--------------------|-----------------------|---------------------|
| First Name:       | Initial:    | Last Name:         | Date of Birth:<br>/ / |                     |
| Billing Address:  |             | Apt#:              | City:                 | State:   Zip Code:  |
| Home Phone:       | Cell Phone: | Social Security #: |                       | Driver's License #: |
| Name of Employer: |             | Work Phone:        |                       | Work Hrs:           |

*Note: Sharing your email information will allow you to receive current NLDS statements, bulletins and correspondence.*

Email: \_\_\_\_\_ @

### Section 3

#### PARENT OR GUARDIAN (Secondary Responsible Party)

|                   |             |                    |                       |                     |
|-------------------|-------------|--------------------|-----------------------|---------------------|
| First Name:       | Initial:    | Last Name:         | Date of Birth:<br>/ / |                     |
| Billing Address:  |             | Apt#:              | City:                 | State:   Zip Code:  |
| Home Phone:       | Cell Phone: | Social Security #: |                       | Driver's License #: |
| Name of Employer: |             | Work Phone:        |                       | Work Hrs:           |

*Note: Sharing your email information will allow you to receive current NLDS statements, bulletins and correspondence.*

Email: \_\_\_\_\_ @

### Section 4

#### EMERGENCY CONTACT Person to contact if applicant is unavailable

|       |               |        |
|-------|---------------|--------|
| Name: | Relationship: | Phone: |
|-------|---------------|--------|

### Section 5

**PARENT OR GUARDIAN MARITAL STATUS:** married / divorced / other (please explain): \_\_\_\_\_

If divorced, who has custody? Mom or Dad – May the custodial parent pick up the children? YES / NO If YES, please include on release form  
 If no, court documentation may be required.

**New Life Discovery Schools, Inc.**  
 1865 Herndon Ave. # K-335 Clovis, CA 93611  
 Phone 559-292-8687 Fax: 559-229-8687

**PLEASE READ PARENT AGREEMENT BELOW:**

I agree to Pay New Life Discovery Schools 2 (two) weeks in advance for tuition on a continuing basis for the duration of this contract. I am aware that a \$45.00 late fee will be charged for payments received after the 25th of the month. I agree to pay a registration fee at a monthly rate.

**BINDING ARBITRATION**

For alleged violation of any duty to client arising out of client wished Agreement, irrespective of legal theory, must be decided by binding arbitration and not by lawsuit or resort to court process, except as applicable law provides for judicial review or arbitration proceedings, I understand that clients enrolled under this Agreement thus give up their right to court or jury, trial, and instead accept the use of binding arbitration. I (We) acknowledge the conditions of activity participation stated above, on behalf of the participating children listed. I (We) understand that even when reasonable precaution is taken, accidents involving participants can still happen. Therefore, I (We) hereby release New Life Discovery Schools, Inc., its agents, and employees from any and all claims for injury, illness, death, loss or damage which may result from being a participant of any New Life Discovery Schools, Inc. program activity, service or facility.

**ACCEPTANCE of AGREEMENT**

Client acknowledges acceptance of this agreement by signing below and returning it to NLDS. If Client does not return the agreement to NLDS, Client will still be deemed as having accepted this agreement if Client enrolls a child, sign child in or out, or pays NLDS any amount.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CONDITIONS OF REGISTRATION AND ACTIVITY PARTICIPATION**

**PARTICIPANT CONDUCT AND RIGHT TO USE FACILITY:** The applicant(s) agrees to abide by all the rules and regulations of New Life Discovery Schools, Inc. and understands that failure to act in accordance with the rules may result in expulsion from New Life Discovery Schools, Inc.

**INSURANCE:** The applicant(s) understands that New Life Discovery Schools, Inc. does not provide accident or health insurance for its participants and further understands that it is the applicant’s responsibility to provide such coverage. Applicant must provide proof of insurance.

**PHOTO RELEASE:** I understand that any pictures taken of myself and/or my family may be used for publicity purposes. If you do not wish to have yourself or your children videoed or photographed, please ask your Center Director for a copy of nlds form 25 photo info.

**Maximum Income Eligibility for our Childcare Program**

| FAMILY SIZE | FAMILY MONTHLY INCOME | FAMILY YEARLY INCOME |
|-------------|-----------------------|----------------------|
| 1-2         | \$5,067.00            | \$60,804             |
| 3           | \$5,467.00            | \$65,604             |
| 4           | \$6,383.00            | \$76,596             |
| 5           | \$7,404.00            | \$88,848             |
| 6           | \$8,426.00            | \$101,112            |

**MARKETING SURVEY**

Please answer the following questions:

- How did you discover us?  
\_\_\_\_\_
- Who presently takes care of your child?  
\_\_\_\_\_
- What alternatives (if any) did you consider before you decided on New Life Discovery Schools?  
\_\_\_\_\_
- Have you previously enrolled your child/children with New Life Discovery Schools? YES / NO  
If yes, at location: \_\_\_\_\_ dates: \_\_\_\_\_
- Why did you choose New Life Discovery Schools?  
\_\_\_\_\_

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