



Date Received	Date Enrolled	Filed By:
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The New School, Inc. Application for Admission

Student Information

Child's Full Name _____ Preferred Name _____ Male Female

Date of Birth _____ Social Security Number _____

Street Address _____

City, State, Zip Code _____

Present or Past Schools _____ Years of Attendance _____

Family Information

Mother or Female Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____ Email Address _____

Father or Male Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____ Email Address _____

Insurance Carrier _____ Policy Number _____

Program Selection:

- | | |
|---|--|
| <input type="checkbox"/> Infant (6wks-12months) 8:30 am - 12:00pm | <input type="checkbox"/> Infant (6wks-12 months) 8:30 am - 12:00pm |
| <input type="checkbox"/> Toddler Ones (12-24 months) 8:30 am - 12:00pm | <input type="checkbox"/> Toddler Ones(12-24 months) 8:30am- 4:30pm |
| <input type="checkbox"/> Toddler Twos (24-36 months) 8:30 am - 12:00pm | <input type="checkbox"/> Toddler Twos (24-36 months) 8:30am-4:30pm |
| <input type="checkbox"/> Early Childhood (3-6 years) 8:30 am - 12:00pm | <input type="checkbox"/> Early Childhood (3-6 years) 8:30 am - 4:30 pm |
| <input type="checkbox"/> Early Childhood (Extended Day) 8:30 am - 3:00 pm | <input type="checkbox"/> Lower Elementary (6-9 years) 8:30am-3:30 pm |
| | <input type="checkbox"/> Upper Elementary (9-12 years) 8:30am-3:30pm |

Information About Your Child

Does your child have any known allergies or chronic illnesses? _____

Does your child take any medications for the allergies or illnesses? If yes, please list: _____

Please give any information concerning your child which could be helpful in his or her experience in a group setting (such as play, eating and sleeping habits, special fears, etc.): _____

Emergency Care Information

Name of Child's Doctor _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Hospital Preference (please **do not** write "closest") _____

Please list three local emergency contacts in case parents or guardians cannot be reached:

Name _____ Relationship _____ Phone Number (s) _____

Name _____ Relationship _____ Phone Number (s) _____

If you cannot pick up your child, please list the names of persons to whom your child can be released:

Name _____ Relationship _____ Phone Number (s) _____

Name _____ Relationship _____ Phone Number (s) _____

I agree that the operator of The New School, Inc. may authorize the physician or his or her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Mother or Female Guardian's Signature

Date

Father or Male Guardian's Signature

Date

I, as the operator/director, do agree to provide transportation to an appropriate medical resource in the event of an emergency. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

Operator/Director Signature

Date

A \$100.00 NON-REFUNDABLE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION. Your check will not be processed until such time that a space is available for your child.

Please return this completed application along with the \$100.00 fee made payable to:

The New School, Inc.
5617 Sunset Lake Road
Holly Springs, NC 27540

The New School, Inc. admits students without regard to race, religion, gender, age, national or ethnic origin.