



Registration for School Year 2017-18

Today's Date _____

Student Information:

Last Name _____ First Name _____

Preferred Name _____ Date of Birth _____

Male Female Child's age as of September 1, 2017* _____

Child's Street Address _____

City _____ State _____ Zipcode _____

Has the child or a sibling previously attend NTCA? (Y/N) _____ In what school year? _____

Parent Information:

Mother's Last Name _____ Mother's First Name _____

Mother's Home Phone _____ Mother's Cell phone _____

E-mail address where you would like to receive communications from the school: _____

Father's Last Name _____ Father's First Name _____

Father's Home phone _____ Father's Cell phone _____

Registration Information:

Pre-K 2 Program 3 days/wk (M/W/F, monthly tuition \$245.00) 2 days/wk (T/Th, monthly tuition \$185.00)

5 day/wk (M-F, monthly tuition \$355.00)

Pre-K 3 Program 3 days/wk (M/W/F, monthly tuition \$245.00) 2 days/wk (T/Th, monthly tuition \$185.00)

5 day/wk (M-F, monthly tuition \$355.00)

Pre-K-4 Program 4 days/wk (M-Th, monthly tuition \$290.00) 5 day/wk (M-F, monthly tuition \$355.00)

*We follow the September 1st deadline the state has set for school admission. Your child will be placed in the program appropriate for his age as of September 1, 2017.

Signature & Additional Information:

I understand that completing the above and payment of the \$160 **non-refundable** registration fee reserves a seat for my child in the above indicated class. Other enrollment forms and required medical documents are to be completed and submitted as soon as possible. Tuition is paid for nine months with the payment invoiced one month in advance and due on or before the 15th of the month prior to attendance. Therefore, the first tuition payment will be invoiced on August 1, 2017 for the August/September tuition payment due on or before August 15, 2017. If tuition is not paid by August 15 and no explanation of circumstances is provided to the school, the seat will be released to someone on the waiting list with no refund of registration fee.

Signature _____

Date _____

Referral: (For new NTCA students only)

How did you hear about NTCA? Web site Driving by Personal Recommendation

If you were referred by a current NTCA family, please list the name below.

Comments: (Please use this area to indicate teacher or class preferences, therapies your child is receiving, or to include information that you think would be helpful to us in placing your child in a class.)

For Office Use Only:

Registration # _____ Registration Fee Paid: \$ _____ Method of payment _____ Date paid _____ Initials of Registrar _____