REGISTRATION APPLICATION

Phone / Fax
410-305-0005

MK Corporation
The New Edge Learning Center

8909 Twelve Sons Court
Jessup, MD 20794

TheNewEdgeLearningCenter@verizon.net • www.NewEdgeLC.com

_____ DATE OF ENTRANCE

_____ GRADE PLACEMENT

_____ ROOM NUMBER

I hereby make application for my _____ whose full name is _____

Age _____ Date of Birth _____ Nickname _____
(MONTH) (DAY) (YEAR)

Address of Child's Residence _____ Home Phone _____
(NO. & STREET)

_____ _____ _____
(CITY) (STATE) (ZIP)

Mother's or guardian's Name _____ Soc. Sec. # _____

Home Address _____ Home Phone _____

Name of Firm _____ Occupation _____ Business Phone _____

Business Address _____
(NO. & STREET) (CITY) (STATE) (ZIP)

Father's or guardian's Name _____ Soc. Sec. # _____

Home Address _____ Home Phone _____

Name of Firm _____ Occupation _____ Business Phone _____

Business Address _____
(NO. & STREET) (CITY) (STATE) (ZIP)

How were you referred to us? _____

Health and physical condition of child are _____ Does the child have any physical / mental limitations? _____

_____ If yes, please explain _____

Name of Family Physician _____ His Phone No. _____

In the event of sickness or accident and the parent, guardian, or your physician cannot be reached, may we use our doctor? _____ and / or nearest Hospital?

Local next of kin or person for emergency. (Name) _____

Relation to child _____ Phone No. _____

Address _____

Names and Ages of Brothers & Sisters _____

CONTRACT

Agreement between the above Parent(s) or Guardian and MK Corporation, a Maryland corporation I The New Edge Learning Center be as follows:

Pupil will be dropped off at _____and called for at _____.

A $1.00/minute late pickup charge will be in effect after the scheduled pick-up time.

Any other person(s) authorized to pick up pupil shall be listed on The New Edge Learning Center Emergency Card. The New Edge Learning Center will be notified by telephone on any day someone other than authorized person(s) are given permission to pick up the child. All pick up person(s) must be age sixteen (16) or older and must have a valid picture ID.

Pupil is enrolled from September 1, to August 31, If a vacancy exists, enrollment after September 1, _____may be permitted with necessary re-enrollment fees and a new contract.

No deduction of tuition for any period of absence or closings (sickness, vacation, holidays, weather conditions or unforeseen epidemic) before August 31, be permitted.

Child with any signs of illness must be picked up within an hour. Child must stay at home for at least 24 hours without medication under observation before return to school. Doctor's note will be required at return.

Withdrawal from program prior to August 31, be presented in writing 30 days prior to requested last day.

All payments of tuition, by check or money order must be payable to **"MK Corp.". CASH & CREDIT CARD ACCEPTED. All fees are non-refundable.** Payments are due in advance on the first day of the week / month unless there is a written agreement which establishes an (other) date(s) as the due date(s). If any weekly payments have not been received two (2) days after it is due, a late charge of _____/week/child shall be assessed.

If payment has not been received after five (5) days following the end of the month the child is subject to immediate suspension from the program. The child may re-enrolled in the program after full payment including late charges is received if there is a space remaining. The New Edge Learning Center may require the withdrawal of any pupil whose presence is regarded to be undesirable or who does not comply with school requirements. The New Edge Learning Center shall not be required to substantiate the case for dismissal should it occur.

I hereby apply for a place in The New Edge Learning Center for

_____

(NAME OF CHILD)

---------- **FOR OFFICE USE ONLY** ----------

I enclosed my registration fee of _____(new) or $25.00 (yearly renewal) which is non-refundable after enrollment by The New Edge Learning Center.

Tuition shall begin on_____ with the first weeks tuition being $_____ Thereafter tuition shall be$ _____per month

or $ _____on the _____and _____of each month to the end of the school year, August 31,

The tuition for grade school children shall increase to the full-time summer rate from mid-June to August 31.

All Enrolled Children, Additional one-time charge per year in the amount of _____will be needed for summer camp which covers the field trip and other activities. This payment is due 60 days before summer camp starts.

Return Check Policy: A fee of $50.00 for all returned checks.

The above conditions are the entire agreement between parties. No modifications to them shall be effective unless in writing and signed by the parties.

I have carefully read the foregoing, and in consideration of the reservation of a place for the above child. I agree to comply with the terms herein expressed and to be bound by the regulations and the conditions above.

Father (or Guardian) _____ Mother (or Guardian) _____

(SIGNED) SIGNED)

Date _____ Date _____

_____ _____

The New Edge Learning Center Date