



New Morning School

Returning Family Registration Form for 2022-2023

New Morning School admits students of any race, color, national or ethnic origin, gender, sexual orientation, religion, family status, and socio-economic status to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin, gender, sexual orientation, religion, family status, or socio-economic status in administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.

Child's full name _____ Birth date _____ Age _____

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Co-op:

____ I will return a co-op
Planning sheet in Feb/March

Class Selection(s):

Preschool

____ Morning ____ T. Th. (am) ____ M.W.F. (am) ____ M - F. (am)
____ Full-Day ____ M - F ____ T. Th ____ M.W.F ____ Other

____ I will schedule an appointment
with Joan Barrett

____ I would like information about
Financial Aid

Kindergarten/1st Grade

____ Full-day Kindergarten
____ 1st Grade

Elementary (Grades 2 - 5): grade _____

Middle School (Grades 6 - 8): grade _____

Home Address _____ **City** _____ **Zip** _____

cell phone Mother: (____) _____ cell phone Father: (____) _____ Home phone (____) _____
(in phone directory? Y N) (in phone directory? Y N)

E-mail Mother: _____ E-mail Father: _____

Spouse's address if different from home address

Name _____ Address _____ City _____ Zip _____

Phone (____) _____ Call between ____ am and ____ pm

Mother's Name _____ **Job Title** _____

Name of Employer _____ City _____ Wk. Phone (____) _____

Father's Name _____ **Job Title** _____

Name of Employer _____ City _____ Wk. Phone (____) _____

Are you requesting New Morning School to be responsible to administer an epi-pen to your child? ____ Yes ____ No

Additional information to be listed by your name on the phone list:

I (We) hereby apply for admission to New Morning School. I give permission for my child(ren)'s photograph and name to be used for information and publicity purposes in press releases, news articles, T.V., school brochures, Internet (without names).

I (We) understand that the registration fee is due with this form. The first month's cost may be paid with registration or one month's cost at the co-op 1 level is due within ten (10) days of final acceptance and will be applied to the May 1 payment

Parent Signature(s) _____

\$ _____ Registration Fee

Please bill my ____ Visa/Mastercard/AmEx/Discover # _____

Exp. Date _____ Security Code _____

Date Rec'd _____ Paid by Check # _____ Cash _____ Date Credit Card billed _____