**Mother Nature Academy**

148 Hill Lane, Carthage, North Carolina

**Registration Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registering for 20\_24 /\_25 school year

**Child’s Name**:

Last First (Nickname)

**Age:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program for which the child is being registered:**

* 2- days per week (Tuesdays and Thursdays 9:00 – 12:00) @ $300/month
* 3-days per week (Mondays, Wednesdays & Fridays 9:00 – 12:00) @ $395/month
* 5-days per week (Monday through Friday 9:00 – 12:00) @ $525/month

Funds will be automatically withdrawn from your debit card or credit card on the 1st of each month starting September 1st. **Sorry, no exceptions**.

**Child lives with:**

* Mother
* Father
* Both Mother and Father
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Responsible Party:**

Last First Relationship to Child

Address City State ZIP

Home Phone Cell phone Work Phone

Email Address

**Name of 2nd Responsible Party:**

Last First Relationship to Child

Address City State ZIP

Home Phone Cell phone Work Phone

Email Address

**Please list all medical conditions, disabilities or debilitating fears your child may have:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List any medications your child is taking:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any known allergies your child has and their reaction to the allergen:**

**Allergic to: Reaction**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are your child’s immunizations up to date? \_\_\_\_\_yes \_\_\_\_\_\_no**

**If you answered no, please tell us why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*If there are other considerations not mentioned here that you would like to tell us about, please attach a separate sheet with this information.

Please understand that registering does not necessarily guarantee enrollment. We will do our best to accommodate every child, but we are neither equipped nor trained to meet the needs of exceptional children.

If your child is accepted, we will send a confirmation email within one week of receiving this form and the $100 registration fee. If for any reason, we cannot enroll your child, we will send a letter with our explanation and return your registration fee. \_\_\_\_\_\_\_\_\_(Initial here)

 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I wish to enroll my child in the Mother Nature Academy outdoor preschool program indicated above.

I agree to allow the monthly tuition chosen above to be drafted from my debit card or credit card on the 1st of every month. I understand that I must provide the information for the drafted account before September 1 of the school year for which I am registering.

The information I have provided on this form is true and up to date to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Please mail this form and $100 registration fee to:

Mother Nature Academy, PO Box 2597, Southern Pines, NC 28388