

NIA Learning Center, Inc.
2020-2021 Child Care for Virtual Learners
(K-6th) Application

Child's Full Name _____ DOB: _____ Male/Female _____

Parent Full Name/Guardian _____ Cell #: _____

Street Address _____

City _____ State _____ Zip Code _____

Email: _____

Does your child have any special needs, behavioral, medical, physical conditions of which we should be aware?

Is there a custody order in place? (a copy must be provided)

Parents are asked to meet with Director prior to enrollment to ensure this program is a good fit for their child. Please explain Special Needs: _____

Name of Local School (Penny Packer, Rowan, Prince Hall, Etc.)

Health Assessment Form:

A completed form must be on file prior to admittance.

Parent's Signature _____

Director's Signature _____

Date _____