

Next Jen'eration Kids Academy (N.J.K.A)

410 S Collins St. Plant City, Fl 33563

813.707.0337

Email: admin@nextgenerationkidsacademy.com

Hours: 6:30 a.m to 6:30 p.m

Child Enrollment Information

FEES

The weekly tuition is due on Monday (late fees thereafter). Tuition is due regardless of absence for any reason.

Multiple Child Discount

10% discount on the 2nd child

Hours of Operation

6:30 a.m - 6:00 p.m Monday- Friday

Schedule of Fees

Registration Fee- \$30 (annual registration, nonrefundable)

Multiple Registration Fee- \$60 per family

Rates

Infant	\$180 / week
1 year old	\$150 / week
2 year old	\$150 / week

3 year old	\$140 / week
4 & 5 year old (VPK or Pre-K)	\$130 / week
4 year old (PRE- K/VPK, full-time)	\$130 / week
School age	\$65/ week (before & after) \$45/Week (before OR after)

**I have read and agree to the terms listed above and by enrolling my child in this program,
I hereby sign that I will follow all the guidelines I have been given.**

Parent Signature

Holidays

We observe the following holidays, New Year's Day, Memorial Day, Good Friday, Independence Day, Labor Day, Thanksgiving Day and the Friday after, and Christmas Day

Vacation

One week vacation is given to each child after 6 consecutive months of enrollment. Child must be enrolled full-time in order to be eligible.

Immunization and Physical Exam

Physical (gold form) and immunization record (blue form) will be required for your to attend N.J.K.A

Student/Parent Media Release Form

Dear Parents,

NJKA may occasionally use photographs or videos from our school for promotional and educational reasons to utilize publications, brochures, newsletters, social media, our website and the like.

Before you give or your child can participate in these activities, we are asking you to give permission by signing and returning this page. Please check one of the following:

I give permission for myself or my child to be photographed or videotaped for strict use of company publications or websites/social media sites

I do not give permission for myself or my child to be photographed or videotaped for strict use of company publication or websites/social media sites

Child's name: _____

Parent Signature: _____

Date: _____

Parent's Name (Print):

Thank you for your cooperation.

Child's Enrollment/Information Form

Child's Name: _____ Preferred Name: _____

DOB: _____ Enrollment Date: _____

Address: _____

Mother's Name: _____ Father's Name: _____

Driver's License #: _____ Driver's Licence #: _____

Custodial Parent (Circle One) Mother Father Joint

Home/Cell Phone: _____ Home/Cell Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone : _____

Persons authorized to remove child (legal identification required)

1. _____

Name	Relationship	Phone #
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2. _____

Name	Relationship	Phone #
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Hospital & Physician Information (please list all children)

1. Child's name _____ Hospital preference _____

Physician's name: _____ Physician's # _____

2. Child's name _____ Hospital preference _____

Physician's name: _____ Physician's # _____