



New Life Academy

6758 BAILEY ROAD,
WOODBURY, MN 55129

651-429-4121

WWW.NEWLIFEACADEMY.ORG



ACADEMY ADVENTURES

*Extended Day for
Grades K-5*

2020-21



Academy Adventures is a fun and safe place for kids in Kindergarten through Grade 5 to go after school to accommodate both working and non-working families.

Hours and Activities:

We meet Monday-Friday from 3:00-5:30 pm. Daily activities include crafts, gym time, outside play, free play, and computer time.

Billing Rates and Procedures:

The billing rate for the 2020-2021 program is 13 cents per minute. All billing will be charged in one minute increments and this will be reflected on each month's billing statement. Each child's hours will be calculated through the end of every month. Your billing statement can be viewed through EagleNet. All families set up on automatic withdrawal payments for tuition will have their Academy Adventures payments taken directly out of their account along with their monthly tuition withdrawal. All others will be due by their EagleNet due date.

Late Pick-Up Procedures:

We understand that emergencies can happen causing you to arrive past 5:30 p.m. Please follow the procedure below:

Call by 5:15 to let us know your expected arrival time. If you will be more than 10 minutes late, please have a back-up person arranged to pick them up. Please let us know who will be picking up your child.

After 5:30 you will be charged an additional late fee of \$2.00 per child for every minute past 5:30 pm

Please complete this registration form and return the completed form with the \$15 non-refundable registration fee per child to:

New Life Academy
6758 Bailey Road
Woodbury, MN 55129

Child Name: _____

Grade/Teacher: _____

Days: ___ Monday ___ Tuesday ___ Wednesday
 ___ Thursday ___ Friday ___ Drop In Only

Authorized Pick-up and Emergency Contact:

The primary pick-up and emergency contacts will be the child's parents/guardians. Please fill out the section below with the contact information for **two people other than the parents/guardians** who can be contacted in case of an emergency.

Name #1: _____

Address: _____

Phone: _____ Relationship: _____

Name #2 _____

Address: _____

Phone: _____ Relationship: _____

Please list any known allergies, limitations or disabilities:

