







 NEWEDGEACADEMY.COM

-  808-446-0369
-  [connect@newedgeacademy.com](mailto:connect@newedgeacademy.com)
-  500 Laie Dr., Makawao, HI 96768
-  PO Box 880550 Pukalani, HI 96788

# APPLICATION FOR ADMISSION

Thank you for your interest in NewEdge Academy. Please complete this application, and return it to NewEdge Academy Programs, PO Box 880550, Pukalani, HI 96788 or send it as an email attachment to [connect@newedgeacademy.com](mailto:connect@newedgeacademy.com). Should you have any questions, please do not hesitate to contact us at 808.446.0369.

## STUDENT INFORMATION

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Gender: \_\_\_\_\_

## MARK THE PROGRAM(S) WHICH INTEREST YOU:

- Onsite classes at NewEdge Academy
- Online classes

## ENROLLMENT & PRICING INFORMATION

Learning Center TERMS: The parties to this agreement hereby agree that enrollment is either per quarter, semester and annual, paid monthly, and continues subsequently until either party determines written notice to the other upon the terms and subject to the conditions of this Agreement.

Fees:

Onsite: \$15 per hour per child with a 10% hourly sibling discount

Daily Schedule: 10:00 am - 2:30 pm

Online:

Build Your Best Life Series: \$1500; Full-day workshop, one month application





Small Group Programs: Inquire for pricing

Weekly, private sessions: \$1500/month

- Please check here if you would like to apply for tuition assistance.



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## ENROLLMENT INFORMATION

Preferred session day(s):

Monday  Tuesday  Wednesday  Thursday  Friday

Preferred enrollment plan:

Quarter  Semester  Annual (academic year)

## PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address (Primary): \_\_\_\_\_

Phone number \_\_\_\_\_

Parent/Guardian #2

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number \_\_\_\_\_

Parent/Guardian #2

Name: \_\_\_\_\_

Street address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number \_\_\_\_\_



## STUDENT & PARENT AGREEMENT

▶ We agree to arrive on time daily \_\_\_\_\_ (Parent/ Student initials)

▶ A child should not attend if any of the symptoms below have been experienced in the previous 24 hours, if illness is suspected in a child a teacher will inform the NewEdge Academy office.

- Fever equal to or over 100 degrees F
- Runny nose
- Questionable rash
- Productive cough
- Diarrhea
- Chicken pox, measles or mumps
- Conjunctivitis (pink eye)





▶ Note A child being treated with antibiotics should be on the drug for at least 24 hours prior to attending. If a child has a continually clear, runny nose or rash due to non-contagious allergies, the child may attend since some symptoms linger long after the child is no longer contagious.

The registration fee is to hold your seat in class. Missed classes will not be reimbursed.

▶ I \_\_\_\_\_ grant NewEdge Academy, my permission to use photographs of my student taken both onsite and off-site, for any legal use, including, but not limited to publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me or my student by reason of such use.



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## STUDENT INFORMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

How did you learn about NewEdge Academy?

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

What made you want to leave your current school?

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

What is your preferred way to learn?

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

What activities do you enjoy?

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



## AGREEMENT

While working together, it is important that we establish an open and cooperative working relationship that will help you clearly define and achieve your student's goals. The NewEdge Academy staff will advocate and support the student and parents.

### Role of the Student and Facilitator:

Our facilitators are not licensed therapists and do not attempt to provide diagnosis or treatment of any kind. We can assess learning styles and work with each learner as a unique individual.





\_\_\_\_\_ (Initial) I, the parent/client, understand that I am responsible for all my decisions, actions and feelings. I agree to hold harmless or indemnity inuring NewEdge Academy LLC, Elizabeth Johnson, and NewEdge Academy staff.

We ask you to show up, fully prepared and present for each class, give your attention to the process, speak the truth and without blame or judgment, be open to outcome rather than the intended outcome.

- Bring your learning tools: backpack, snacks, drinks, notebooks, pencils, emotional aids, etc.
- Take everything home with you at the end of day. There is no onsite storage at NewEdge Academy.
- Be responsible for your process: set up, complete it, clean up.
- Be a life-long learner at home and elsewhere.
- \_\_\_\_\_( initial)



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## AGREEMENT (CONT.)

### Communication:

- Please feel free to share up your stories, wins and disappointments. As we proceed, speak openly regarding your experience. NewEdge Academy Facilitators are your learning partners and will work with you to develop the best educational path. NewEdge Academy is committed to serving your needs through this process.
- Fees:
  1. Fee is payable on the first of the month, unless you have chosen to prepay the monthly or semester plan.
  2. To set up monthly credit card payment, please fill out the enclosed form.
  3. You have the option of online payment through PayPal or by credit card.
  4. NewEdge Academy will allow no more than one (1) late payment per calendar quarter.





### Scheduling Changes:

Please give our work 'high priority' and arrange your schedule to accommodate the dates and times that we have agreed upon.

Any dispute, controversy or claim arising out of or in connection with, or relating to, this agreement, or the breach, termination or validity thereof, shall be finally settled by arbitration. The arbitration shall be conducted in accordance with the commercial arbitration rules of the American Arbitration Association (the "AAA") in effect at the time of the arbitration, except as they may be modified by mutual agreement of the parties. The seat of the arbitration shall be Maui, Hawaii, and the arbitration shall be conducted in English.



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## AGREEMENT (CONT.)

If any part of this Agreement should be held or declared to be invalid or unenforceable such part shall be severed from the remainder and each and every part of the remainder shall continue to have full effect.

This Agreement supersedes any previous agreements between the parties whether written or oral.

This Agreement may be terminated by either party upon thirty days written notice (without prejudice to any claims which may have been accrued at or by the date of such termination). California law shall govern the terms of this Agreement.

The NewEdge Academy staff looks forward to working together to create a great educational journey to success.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NewEdge Academy Signature: \_\_\_\_\_

Date: \_\_\_\_\_