

NUBIAN VILLAGE ACADEMY

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Welcome

Dear Parents,

Your interest in Nubian Village Academy indicates that you understand the importance of securing the best education possible for your child. In these changing times, it is important, now more than ever, that your child is equipped with creative and critical thinking skills, is prepared for the high-tech world, and has a social conscious. In addition to the core subject areas (English, Math, Science, Social Studies), Nubian Village Academy integrates a variety of opportunities for students to learn leadership and entrepreneurial skills, computer skills, foreign languages, and life skills.

Nubian Village Academy provides you, the parent, with the opportunity to show your child just how important their education is to you. Parents are required to volunteer 5 hours each month with the academy. The ways that you can volunteer are countless. Volunteer opportunities include having lunch with your child, reading a story to the students, planning birthday parties for the students, tutoring, planning and/or attending field trips, being a guest speaker, organizing sports teams, participating in community service projects, etc. Your presence at the school will help to make the school a success, not only for your child, but for all students. An investment in your child's education is an investment in your child's future.

We look forward to working with you and your child. If you have any questions or desire any further information, please do not hesitate to contact us.

Sincerely,

Nin Aseeya Ra-El

Nin Aseeya Ra-El
Co-Founder/Director

Registration Form

Start Date _____/Withdrawal Date _____

Student's Full Name _____ Birth Date _____

Address _____ Phone# _____

City _____ State _____ Zip Code _____

Nickname _____ Social Security# _____

Mother's Full Name _____ Home Phone# _____

Address _____ Social Security# _____

City _____ State _____ Zip Code _____

Occupation _____ Work Phone# _____

Name of Employer _____ Pager or Cell# _____

Business Address _____ City _____

Work Hours _____

Father's Full Name _____ Home Phone# _____

Address _____ Social Security# _____

City _____ State _____ Zip Code _____

Occupation _____ Work Phone# _____

Name of Employer _____ Pager or Cell# _____

Business Address _____ City _____

Work Hours _____

Parent/Guardian with legal custody _____

Other Household Members:

Names	Age	Relationship
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Emergency Contacts

(Within 20 mile radius of school, other than parent or guardian)

Primary Emergency Contact (other than parent or guardian) _____

Home Phone # _____ Work Phone # _____

Relationship to Child _____

Address _____

Secondary Emergency Contact (other than parent or guardian) _____

Home Phone # _____ Work Phone # _____

Relationship to Child _____

Address _____

Person(s) authorized to pick up my child (other than parents, guardians, emergency pickups)

Name: _____ Comments _____

Name: _____ Comments _____

Kid Code _____ (Secret word between parent & child for identification and pick-up)

Person(s) **NOT** authorized to pick up my child

Name: _____ Comments _____

Name: _____ Comments _____

Emergency Release

Consent to Emergency Aid & Transportation

I hereby give permission that my child, _____, be given treatment by a staff member at Nubian Village Academy. I also give my permission for my child to be transported by car or ambulance to an emergency center for treatment, and I agree to hold Nubian Village Academy and its employees harmless.

Parent's Signature _____ Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and I hold Nubian Village Academy and its employees harmless.

Parent's Signature _____ Date _____

Emergency Information

Child's Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Insurance Company _____ Policy # _____

Regular Medications _____

Blood Type _____

Medical allergies _____

Food allergies _____

Other allergies _____

Any special health conditions _____

Field Trip Permission

I hereby request that my child, _____, be permitted to participate in field trips or any other activities that would invoke taking the child outside of the school for his/her benefit in attendance at this facility.

Parent’s Signature _____ Date _____

PLEASE READ AND AGREE TO WAIVER

Media Release

At various times during the school year, Nubian Village Academy holds special events and/or participates in events where the media is invited. When the media is present they often take photos or shoot live video footage. Nubian Village Academy may also photograph, video, or record its participation in such events. The latter is used strictly for the purpose of documentation, marketing, and promotions for Nubian Village Academy. This includes but not limited to brochures, newsletters, websites, radio & video commercials, T-shirts and promotional C/Ds. In the event that audio or video recordings are marketed and sold, all proceed will be used towards Nubian Village Academy’s Scholarship Fund.

Participation Release

Nubian Village Academy believes that students learn best in an environment that is exciting, encouraging, rewarding, and relevant. Through our music, arts, language and entrepreneurial program the students learn the process of research, creating, marketing, and promoting their product. All products produced are the property of Nubian Village Academy and will be copy written. All proceeds of products marketed and sold through Nubian Village Academy are used to further enhance the Humanities Program and for the benefit of the students participating in the program.

Having read this waiver and release I understand and agree to my child’s participation and media exposure. I , for myself and anyone entitled to act on my child’s behalf, waive and release Nubian Village Academy, Its representatives, successors including it’s officers, directors, agents and employees form all claims or liabilities of any kind arising out of my or my child’s participation in this event.

Fieldtrip Release

I know that a fieldtrip, to include but not limited to (overnight camping/hiking/ mountain trips) is a potentially hazardous activity. I assume all risks associated with this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and /or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this wavier and knowing these facts, I , for myself and anyone entitled to act on my child’s behalf, waive and release Nubian Village Academy, Inc., it’s representatives and successors including it’s officers, directors, agents and employees from all claims or liabilities of any kind arising out of my or my child’s participation in this event.

Child(ren)
Name(s) _____

Parent’s Name (Print) _____

Parent’s Signature _____ Date _____