

Person(s) authorized to care for your child in an emergency - if mother, father, or guardian cannot be reached:

1. Name: _____ (Phone): _____
2. Name: _____ (Phone): _____
3. Name: _____ (Phone): _____

If your child will be going to a home care provider after school, please provide the following information about them:

Name: _____ (Cell): _____

Please check (☑) the program, including number of days, your child will be attending each week:

	(3 ____ / 4 ____ Year-Old)	(4's Only)
Half-Day (7:30-12:30):	____ 3 Days	____ 5 Days (M-F)
Full-Day (7:30-4:30):	____ 3 Days	____ 5 Days (M-F)
(Tuesday/Wednesday/Thursday)		

How did you hear about Northridge Preschool:

Any information you can provide us regarding you child's personality, needs, habits, etc. will help us in placing her/him in the class most suited to them.

The Student Registration Fee of \$250 per child is non-refundable and guarantees the student's class placement.

Signature: _____ Signature: _____

Date: _____ Date: _____

☐

I give permission for my child's photos to be utilized in all forms to promote the Preschool and events.