

Preschool Re-Enrollment Form

Registration Fee Paid \$
Date Paid
Method of Payment:

Check

*If you are enrolling a student for the very first time at Northridge Preschool, you must complete the long application form.

Student Information:	
Full Name:	
Address.	
City, State, Zip Code:	
Phone Number:	0.1
Date of Birth:	Gender:
	are of in case of emergency; such as daily medications, allergies or medications, etc.
Please check the program	you are interested in for your child:
Early Care (7:30-9:00): 2 Days	3 Days 5 Days (M-F)
Preschool (9:00-12:30): 2 Days	3 Days 5 Days (M-F)
Extended-Day (12:30-4:30): 2 Days	3 Days 5 Days (M-F)
Which days will child attend? Monday / Tues	sday / Wednesday / Thursday / Friday
Family Information:	
Father's full name:	Mother's full name:
Address: (only if different from student)	Address: (only if different from student)
Home Phone: (only if different)	Home Phone: (only if different)
Place of Employment:	Place of Employment:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-Mail address:	E-Mail address:
Emergency Contacts:	
If parents cannot be contacted, indicate responsible ad permission to pick up your child from school, in the ev	ults to contact in case of emergency. These persons also have vent you are unable to do so.
Contact 1: Name:	Relationship:
Contact 1: Name:	Cell Phone:
Home Phone: Work Phone:	Cell Phone:
	Relationship: Cell Phone:
Church Information:	
Church affiliation (if any):	
Do you and your family attend regularly? Yes on	r No

A non-refundable registration fee of \$75.00 must accompany this application to guarantee student placement.

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