



Preschool Re-Enrollment Form

Registration Fee Paid \$	_____
Date Paid	_____
Method of Payment:	
	_____ Check
	_____ Cash
	_____ Online

*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: _____
 Date of Birth: _____ Gender: _____

List any medical concerns that we should be made aware of in case of emergency; such as daily medications, allergies to foods 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)

Family Information:

Father's full name: _____
 Address: (only if different from student) _____
 Home Phone: (only if different) _____
 Place of Employment: _____
 Work Phone: _____
 Cell Phone: _____
 E-Mail address: _____

Mother's full name: _____
 Address: (only if different from student) _____
 Home Phone: (only if different) _____
 Place of Employment: _____
 Work Phone: _____
 Cell Phone: _____
 E-Mail address: _____

Emergency Contacts:

If parents cannot be contacted, indicate responsible adults to contact in case of emergency. These persons also have permission to pick up your child from school, in the event you are unable to do so.

Contact 1: Name: _____	Relationship: _____
Home Phone: _____ Work Phone: _____	Cell Phone: _____
Contact 2: Name: _____	Relationship: _____
Home Phone: _____ Work Phone: _____	Cell Phone: _____

Church Information:

Church affiliation (if any): _____
 Do you and your family attend regularly? Yes or No

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

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