Northridge Preschool
Registration Form

Revised 1/28/2025

Registration Fee Paid $ _____
Date Paid _____
Method of Payment:
[ ] Check # _____
[ ] Cash

Today's Date: _____ Birth Certificate Number: _____ State: _____

Student's Name: _____
Last First Middle Preferred

Gender: Male [ ] Female [ ] Home Phone: _____ Home Email: _____

Address: _____
Street City State Zip

Birth Date: _____/_____/20___ Birth Place: _____
Month/ Day /Year City State Country

Family Information

Fathers Name: _____ See important paperwork [___]

Occupation: _____

Employer: _____

Cell: ( ) _____

Mother's Name: _____

Occupation: _____

Employer: _____

Cell Phone: ( ) _____

Local Church Affiliation: _____

Siblings:

Name: _____ Birth Date: _____/_____/_____ Gender: Male Female
Name: _____ Birth Date: _____/_____/_____ Gender: Male Female
Name: _____ Birth Date: _____/_____/_____ Gender: Male Female
Name: _____ Birth Date: _____/_____/_____ Gender: Male Female

Medical Information

Physician: _____ Physician's Phone ( ) _____ Medical Form [_____]

Please list all medical concerns or information we should know about your child:

_____

_____

_____

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.