



# Northridge Preschool

## Registration Form

Revised 9/14/22

Registration Fee Paid \$ _____
Date Paid _____
Method of Payment:
<input type="checkbox"/> Check # _____
<input type="checkbox"/> Cash
<input type="checkbox"/> Online

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: \_\_\_\_\_ Living with Student: Yes  No   
Occupation: \_\_\_\_\_ Deceased: Yes  No   
Employer: \_\_\_\_\_ Divorced: Yes  No   
Cell Phone: ( ) \_\_\_\_\_ Church Affiliation: \_\_\_\_\_  
Full Custody  Joint Custody   
Work Phone: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Living with Student: Yes  No   
Occupation: \_\_\_\_\_ Deceased: Yes  No   
Employer: \_\_\_\_\_ Divorced: Yes  No   
Cell Phone: ( ) \_\_\_\_\_ Church Affiliation: \_\_\_\_\_  
Full Custody  Joint Custody   
Work Phone: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

### **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

Physician: \_\_\_\_\_ Physician's Phone ( ) \_\_\_\_\_

### Medical Information

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

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

1. Name: \_\_\_\_\_ (Cell): \_\_\_\_\_  
(Home): \_\_\_\_\_ (Work): \_\_\_\_\_
2. Name: \_\_\_\_\_ (Cell): \_\_\_\_\_  
(Home): \_\_\_\_\_ (Work): \_\_\_\_\_
3. Name: \_\_\_\_\_ (Cell): \_\_\_\_\_  
(Home): \_\_\_\_\_ (Work): \_\_\_\_\_

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

Name: \_\_\_\_\_ (Cell): \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

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

	(3-Year-Olds)	(3/4-Year-Olds)	(4-Year-Olds)
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)

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.

\_\_\_\_\_  
\_\_\_\_\_

**Please Note:** The choice of teacher for your child will be a careful process based on several factors. Please do not complicate this procedure by demanding your child be placed in a certain room or with certain children.

The Student Registration Fee of \$100 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.