

Class _____
Teacher _____
Entered _____

Registration Fee Paid \$ _____
Date Paid _____
Method of Payment: _____
_____ Check
_____ Cash
Blue Medical Form Received: _____

Preschool Re-Enrollment Form



*If you are enrolling a student for the very first time at Northridge Preschool, you must complete the long application form. Only current Preschool students may use this re-enrollment application.

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:

4 Year Olds: _____ 3 Days (M, W, F) _____ 5 Days (M-F) _____ TK*

(*All Transitional Kindergarten interests MUST fill out the form on the reverse side of this application.)

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.