



Preschool

2018 Preschool Summer Program

Application
for
Admission

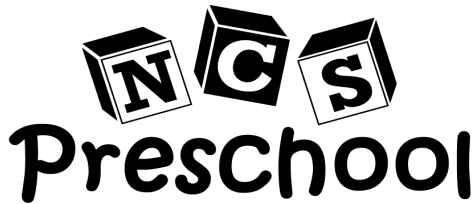
Northland Christian Preschool
2700 FM 1960 West / Houston, TX 77068
Preschool Office 281-440-1060 ext. 6479 or ext. 6480
Preschool Fax 281-893-6231
Business Office 281-440-1060 / Business Office Fax 281-440-7572
Director, Rachel Partin – rpartin@northlandchristian.org
www.northlandchristian.org

Thank you for selecting Northland Christian Preschool to play such a valuable part in your child's life. Preschool is an important foundation for academic learning. Helping each child grow developmentally is a task in which we are honored to be involved. We know that a quality Christian preschool program is important to you.

There are a limited number of spaces available and we welcome the opportunity to assist you with the enrollment process. To enroll and secure your spot, please bring the following to the Preschool Office:

1. The completed *Preschool Summer Application for Admission*
2. A completed and doctor signed *Health Requirements Form*
3. A complete *Immunization Record*
4. A completed *Medical Authorization Form*
5. *Copy of Birth Certificate*
6. *Copy of Social Security Card*
7. *\$75 Summer Enrollment Fee* (non-refundable)

If you have any questions please contact the Preschool Office at 281-440-1060 ext. 6479 or ext. 6480 or email Director, Rachel Partin at rpartin@northlandchristian.org.



2018 Summer Application for Admission

APPLICANT INFORMATION

Today's Date: _____

Applicant Legal Name: _____ Preferred Name: _____
(First) (Middle) (Last)

Home Address: _____

City: _____ State: _____ Zip: _____ Subdivision: _____

Home Phone #: _____ Attended NCS in the past: Yes No Dates: _____

Male Female Date of Birth: _____ Place of Birth: _____ SSN: _____
(Month/Day/Year) (City, State)

Age on 9/1/17: _____ Applying for School Year: _____

In which public school district does the applicant live? _____

Previous School Name: _____

Previous School Address: _____ Phone #: _____

How many days a week does the student currently attend school: _____

How long has the student been attending this school: _____

Ethnicity: _____ Religious Denomination: _____ Home Church: _____

List other children in the family:

Name:	Age:	Attending/Applying at NCS?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach a recent photo

<i>For Office use:</i>		<input type="checkbox"/> Birth Certificate	Program: _____
<input type="checkbox"/> Returning Student	Enrollment Fee: _____	<input type="checkbox"/> Health Requirements Form	Teacher: _____
<input type="checkbox"/> New Student	Start Date: _____	<input type="checkbox"/> Immunization record	Extended Care: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> Both
		<input type="checkbox"/> Medical Authorization	Holiday Care <input type="checkbox"/>
		<input type="checkbox"/> Social Security Card	

Please check the following if applicable: Father Deceased Father Remarried Parents Separated

Mother Deceased Mother Remarried Parents Divorced

Applicant lives with: Both Parents Mother Only Father Only Mother & Stepfather

Father & Stepmother Guardian Other _____

Please complete the following information for each of the following people: Parent/Guardian, Financial Responsibility, Emergency Contacts, Dismissal Authority, and Grandparents.

- **Please complete all lines for two Parent/Guardian contacts.**
- **Please provide information for at least two additional contacts for emergency and dismissal authority purposes.**
- **Please also provide Grandparent contact information if they are not listed as a Parent/Guardian, Emergency Contact, or Dismissal Authority**

Parent/Guardian

Dr/Mr/Mrs/Ms First Name: _____ MI: _____ Last Name: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____ Cell Phone #: _____

Preferred communication email address: _____

Secondary communication email address: _____

Driver's License #: _____ State of Issue: _____

Employer: _____ Occupation: _____

Employer Address: _____

Employer City: _____ State: _____ Zip: _____ Work Phone #: _____

Does this company have a Matching Gift program? Yes No

Religion: _____ Home Church: _____ NCS Alumni? Yes No

Please check all that apply to this person: Custodial Parent Financial Responsibility Grandparent
Emergency Contact Dismissal Authority Receive NCS News

Parent/Guardian

Dr/Mr/Mrs/Ms First Name: _____ MI: _____ Last Name: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____ Cell Phone #: _____

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Employer Address: _____

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Religion: _____ Home Church: _____ NCS Alumni? Yes No

Please check all that apply to this person: Custodial Parent Financial Responsibility Grandparent
Emergency Contact Dismissal Authority Receive NCS News

Emergency Contact/Dismissal Authority

Dr/Mr/Mrs/Ms First Name: _____ MI: _____ Last Name: _____

Home Address: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____ Cell Phone #: _____

Preferred communication email address: _____

Secondary communication email address: _____

Driver's License #: _____ State of Issue: _____

Employer: _____ Occupation: _____

Employer Address: _____

Employer City: _____ State: _____ Zip: _____ Work Phone #: _____

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Dismissal Authority Receive NCS News

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Please check all that apply to this person: Financial Responsibility Grandparent Emergency Contact
Dismissal Authority Receive NCS News

PLAN SELECTION

Please select your plan:

Plan Days and Hours

- 3 Days (8:00 a.m. to 3:00 p.m.)
- 3 Days (6:45 a.m. to 3:00 p.m.)
- 3 Days (8:00 a.m. to 6:15 p.m.)
- 3 Days (6:45 a.m. to 6:15 p.m.)
- 5 Days (8:00 a.m. to 3:00 p.m.)
- 5 Days (6:45 a.m. to 3:00 p.m.)
- 5 Days (8:00 a.m. to 6:15 p.m.)
- 5 Days (6:45 a.m. to 6:15 p.m.)

AGREEMENT

I understand that my child must be signed in by a parent (or authorized person) each day, and that he/she is to be left in the classroom only when a staff person is present in the room. In signing this form, I hereby agree to relieve Northland Christian Preschool, its officers, and its directors of any liability for injury or accident occurring on the school premises or while on a field trip. I have read and understand the school policies of Northland Christian Preschool and agree to support them. **I also understand that all enrollment fees are non-refundable.**

Parent Handbook: I have downloaded from the NCS website a copy of the current NCS Preschool Handbook and have read and understand all school policies and agree to support them.

Website Waiver: Northland Christian School may use my child's picture, video, and/or name on the school's web sites or in promotional materials without permission. My child's name and video or picture will not appear together on a website except in situations of news that would normally appear or has appeared in a local newspaper.

Medical Certification: I acknowledge that my child has been examined within the past year by a health care professional and is able to participate. I will obtain a signed and dated *Health Requirements Form* from my child's health care professional no later than 30 days from application.

Parent/Guardian Signature

Date

APPLICATION CHECKLIST:

Please use this checklist to ensure all information needed for enrollment in Northland Christian Preschool.

- Completed Application
- Copy of Birth Certificate
- Copy of Social Security Card
- Emergency Medical Treatment Authorization
- Health Requirements Form signed by a Health Care Professional
- Immunization Record
- \$75 Enrollment Fee (non-refundable)

I acknowledge that the enrollment process is not complete until all items from the above checklist (except the *Health Requirements Form* which must be completed within 30 days of enrollment) have been turned into NCS Preschool Office.

Parent/Guardian Signature

Date
