



Preschool

Application
for
Admission

Northland Christian Preschool
2700 FM 1960 Road West / Houston, TX 77068
281-440-1060 / Preschool Office ext. 6480 / Preschool Fax 281-893-8531
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 Application for Admission*
2. A completed and doctor signed *Health Requirements Form/ Immunization Records*
3. Copy of *Birth Certificate*
4. Copy of *Social Security Card*
4. \$175 *Enrollment Fee* (non-refundable)

If you have any questions please contact the Preschool Office at 281-440-1060 ext. 6480.

Please note the following dates:

March 8, 2010 - Enrollment begins for currently enrolled families.

April 1, 2010 - Open enrollment begins for new families.

NCS Preschool

2010-2011 Application for Admission

APPLICANT INFORMATION

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

Home Address: _____

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

Home Phone #: _____ Attended NCS in the past? Yes No Date(s): _____

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

Age on 9/1/10: _____ Applying for School Year: _____

What public school would applicant attend? District: _____ School: _____

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
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please
attach
a recent
photo**

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

FAMILY INFORMATION

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.

1. Please complete all lines for two Parent/Guardian contacts.

2. Please complete only the grey areas for at least two additional contacts for emergency and dismissal authority purposes.

3. 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 #: _____

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 #: _____

Preferred communication email address: _____

Secondary communication email address: _____

Driver's License #: _____

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/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 #: _____

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

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Parent/Guardian/Emergency Contact/Dismissal Authority

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

Home Address: _____ Home Phone #: _____

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

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Secondary communication email address: _____

Driver's License #: _____

Employer: _____ Occupation: _____

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

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PAYMENT INFORMATION

Please Select One Payment Plan:

All tuition payments will be made through FACTS Management Company by bank draft or credit card. Credit card payments will incur a convenience fee. An annual fee of no more than \$41 is charged for this service by FACTS per contract. For specific plan descriptions and costs please refer to the *Tuition Information* sheet.

- One payment by check delivered to the NCS Business Office on or before July 20, 2010; or
- Ten (10) equal monthly payments made through FACTS beginning July 5 or 20, 2010, with last payment made April 5 or 20, 2010, depending on the due date you select; or
- Twelve (12) equal monthly tuition payments made through FACTS beginning August 5 or 20, 2010, with last payment made July 5 or 20, 2011, depending on the due date you select. Available for full care students only.

INSTRUCTIONAL PROGRAM INFORMATION

Please check the program you have selected for 2010-2011:

18 - 24 months & 2 years (age by 9/1/10) Full Care 5 Day: M-F 3 Day: MWF 2 Day: T&TH
3 years & 4 years (age by 9/1/10) Full Care 5 Day: M-F 3 Day: MWF 2 Day: T&TH

EXTENDED CARE INFORMATION

We require Extended Care:

Yes No A.M. only P.M. only Both Holiday Care

Please check all days required: Monday Tuesday Wednesday Thursday Friday

* Days checked must coincide with same days of instructional program selected.

CERTIFICATION

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/Guardian Signature _____ **Date** _____

Application Checklist:

Please use this checklist to ensure all information needed for enrollment in Northland Christian Preschool is on file prior to the start of school.

- Completed Application
- Enrollment Fee
- Copy of Birth Certificate
- Copy of Social Security Card
- Emergency Medical Treatment Authorization
- Health Requirements Forms