



# Preschool

Application  
for  
Admission

Northland Christian Preschool  
2700 FM 1960 Road West / Houston, TX 77068  
Preschool Office 281-440-1060 ext. 6479 / Preschool Fax 281-893-8531  
Business Office 281-440-1060 / Business Office Fax 281-440-7572  
[www.northlandchristian.org](http://www.northlandchristian.org)

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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*
5. \$175 *Enrollment Fee* (non-refundable)

If you have any questions please contact the Preschool Office at 281-440-1060 ext. 6479.

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Please note the following dates:

March 8, 2011 - Enrollment begins for currently enrolled families.

March 21, 2011 - Open enrollment begins for new families.

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# NCS Preschool

# 2011-2012 Application for Admission

## APPLICANT INFORMATION

Applicant Legal 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 9/1/11: \_\_\_\_\_ 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**

*For Office Use:*

- Returning Student
- New Student

Enrollment Fee: \_\_\_\_\_  
 Start Date: \_\_\_\_\_

- Parent Handbook
- Health Requirements Form
- Birth Certificate
- Social Security Card
- Medical Authorization

Program: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
 Extended Care:  A.M.  P.M.  Both  
 Holiday Care

## 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: \_\_\_\_\_

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Employer City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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Please check all that apply to this person: Custodial Parent  Financial Responsibility

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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, 2011; or
- Ten (10) equal monthly payments made through FACTS beginning July 20, 2011, with last payment made April 20, 2012; or
- Twelve (12) equal monthly tuition payments made through FACTS beginning July 20, 2011, with last payment made June 20, 2012. Available for year round full care students only.

### INSTRUCTIONAL PROGRAM INFORMATION

Please check the program you have selected for 2011-2012:

18 - 24 months & 2 years (age by 9/1/11)     Full Care     5 Day: M-F     3 Day: MWF     2 Day: T&TH  
3 years & 4 years (age by 9/1/11)         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.

## 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.

**Web site 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.

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**Parent/Guardian Signature**

**Date**

### Application Checklist:

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

- Completed Application
- Enrollment Fee
- Copy of Birth Certificate
- Copy of Social Security Card
- Emergency Medical Treatment Authorization
- Health Requirements Form
  - Health Care Professional's signed statement
  - Immunization Record

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 the NCS Preschool Office.

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**Parent/Guardian Signature**

**Date**