



# Preschool

Application  
for  
Admission

Northland Christian Preschool  
2700 FM 1960 Road West / Houston, TX 77068  
Preschool Office 281-440-1377 ext. 1 / 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 and 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. \$150 *Enrollment Fee* (non-refundable)

If you have any questions please contact the Preschool Office at 281-440-1377 ext. 1.

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Please note the following dates:

March 3, 2008 - Enrollment begins for currently enrolled families.

April 1, 2008

- Open enrollment begins for new families.

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# 2008-2009 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 9/1/08: \_\_\_\_\_ 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"/> Preschool Student Survey	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 #: \_\_\_\_\_

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

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Employer Address: \_\_\_\_\_

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, 2008; or

One payment made through FACTS due July 20, 2008; or

Ten (10) monthly payments made through FACTS beginning in August 5, 2008; or

Twelve (12) monthly payments made through FACTS beginning in August 5, 2008 (available for 12 month programs only).

### 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 application to Northland Christian Preschool is completed in a timely manner.

- Completed Application
- Enrollment Fee
- Copy of Birth Certificate
- Preschool Background Survey
- Emergency Medical Treatment Authorization
- Health Requirements Forms