

Class _____
Teacher _____
Entered _____

Northridge Preschool Registration Form

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

Today's Date: _____ Birth Certificate Number: _____, State: _____

Student's Name: _____
Last First Middle Preferred

Gender: Male Female Home Phone: () _____ Home Email: _____

Address: _____
Street City State Zip

Birth Date: ____/____/200____ Birth Place: _____
Month Day Year City State Country

Family Information

Fathers Name: _____ Living with Student: Yes No
Occupation: _____ Deceased: Yes No
Employer: _____ Divorced: Yes No
Cell Phone: () _____ Church Affiliation: _____
If yes: Full Custody Joint Custody
Work Phone: () _____
Work Hours: _____

Mother's Name: _____ Living with Student: Yes No
Occupation: _____ Deceased: Yes No
Employer: _____ Divorced: Yes No
Cell Phone: () _____ Church Affiliation: _____
If yes: Full Custody Joint Custody
Work Phone: () _____
Work Hours: _____

Siblings:
Name: _____ Birth Date: ____/____/____ Gender: Male Female
Name: _____ Birth Date: ____/____/____ Gender: Male Female
Name: _____ Birth Date: ____/____/____ Gender: Male Female
Name: _____ Birth Date: ____/____/____ Gender: Male Female

Medical History

Student's Physician: _____ Physician's Phone () _____

Student's Medical History / Case Number: _____

Please list all medical concerns or information we should know about your child:

Additional Information

Person(s) authorized to care for your child in an emergency - if mother, father, or guardian cannot be reached:

1. Name: _____ Address: _____

Phone (Home): _____ (Work): _____

2. Name: _____ Address: _____

Phone (Home): _____ (Work): _____

3. Name: _____ Address: _____

Phone (Home): _____ (Work): _____

If your child will be going to a home care provider after school, please provide the following information about them:

Name: _____ Address: _____

Phone (Home): _____ (Work): _____

Please check (✓) the program, including number of days, your child will be attending each week:

3 Year Olds: 2 Days (T, Th) 3 Days (T, W, Th)

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

How did you hear about Northridge Preschool? _____

Any information you can provide us regarding you child's personality, needs, habits, etc. will help us in placing her/him in the class most suited to them.

Please Note: The choice of teacher for your child will be a careful process based on several factors. Please do not complicate this procedure by demanding your child be placed in a certain room or with certain children.

The Student Registration Fee of \$100 per child is non-refundable and guarantees the student's class placement.

Signature: _____

Signature: _____

Date: _____

Date: _____

