

# N.C.C. Preschool

## Enrollment Form

Child's Name \_\_\_\_\_ Nick Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_  
Potty Trained – Yes \_\_\_\_\_ No \_\_\_\_\_ Working On \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Application \_\_\_\_\_ Desired Date of Enrollment \_\_\_\_\_  
Church you attend \_\_\_\_\_

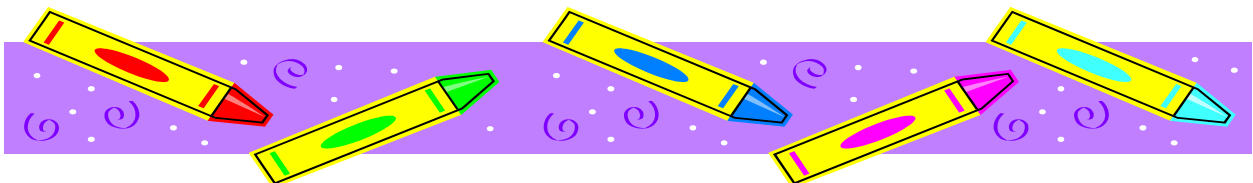
Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Work Hours \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone/Pager \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Work Hours \_\_\_\_\_

Parent/Guardian with Legal Custody \_\_\_\_\_  
Parents are Married \_\_\_\_\_ Living Together \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

### Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_



**Emergency Contact Numbers (other than Parent or Guardian)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Persons Authorized to pick up my child (besides parents, guardians, or emergency pick-ups)**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**Substitute Teaching**

At the preschool we depend on parental support in substitute teaching, paid position. Please fill out if you are available and your name will be added to our Substitute List. Name \_\_\_\_\_

**Days available to substitute: Tuesday \_\_\_\_\_ Thursday \_\_\_\_\_**

**\*Special information about your child.**

**Any known allergies to food: \_\_\_\_\_**

**Medical conditions to be aware of: \_\_\_\_\_**

\_\_\_\_\_

**To complete this enrollment you will need the following:**

- \*A current copy of your child's immunization records and birth certificate.**
- \*A one time \$60.00 non-refundable fee for the first child.  
\$30.00 for each additional child.**

