

N.C.C. Preschool

Enrollment Form

Child's Name _____ Nick Name _____

Age _____ Birthdate ____/____/____ Sex _____

Potty Trained - Yes _____ No _____ Working On _____

How did you hear about our preschool? _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Date of Application _____ Desired Date of Enrollment _____

Church you attend _____

Father's Name _____ Home Phone _____

Address _____ Cell Phone/Pager _____

City _____ State _____ Zip Code _____

Place of Employment _____ Work Phone _____

Business Address _____ Work Hours _____

Mother's Name _____ Home Phone _____

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 _____

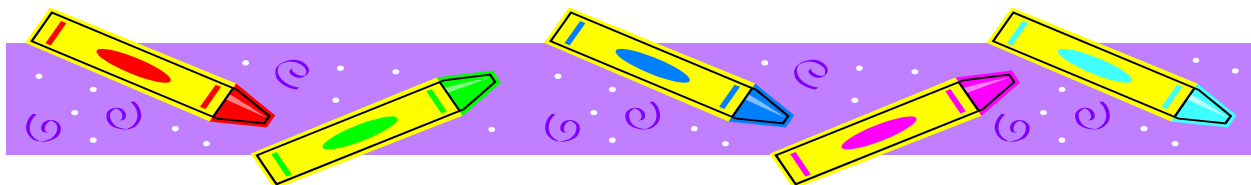
Siblings:

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 _____

At the preschool we depend on parental support to go on field trips and substitute teach (paid position)

Please fill out the areas that you can help with.

Field trips _____ Substitute teach _____

Days available to substitute: Tuesday _____ Thursday _____

***Special information you would like to share with us about your child.**

Any known allergies to food: _____

Medical conditions to be aware of: _____

What does your child already know (ie; ABC's, numbers, colors, shapes, etc...): _____

To complete this enrollment you will need the following:

***A current copy of your child's immunization records and birth certificate.**

***A one time \$50.00 non-refundable fee for the first child.**

\$25.00 for each additional child.

