

# Northridge Child Development Center Registration Form

*A school directory will be distributed to other NCDC parents with children's names, addresses, phone numbers. If you do not wish for this information to be published, please contact the director.*

Date: \_\_\_\_\_

Child's Name:

\_\_\_\_\_ (Last) (First) (To be called)

Address:

\_\_\_\_\_ (Street) (City) (Zip code)

Parents' Names:

\_\_\_\_\_

Address:

\_\_\_\_\_ (Street) (City) (Zip code)

Email Address:

\_\_\_\_\_

Telephone:

\_\_\_\_\_ (Home) (Other: Please indicate. ex: Mom's cell)

Child's DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Age as of 9.01 \_\_\_\_\_ Years/months

Check One:

Two year old class	Must be 2 by 9.01	_____
Three year old class	Must be 3 by 9.01	_____
Four year old class	Must be 4 by 9.01	_____

## Medical Information

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

\*All immunizations must be current. A copy of your child's immunization records must accompany this form. Please list any allergies or health considerations and attach a completed food allergy emergency plan, if applicable.

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If my child becomes ill or is injured, I authorize Northridge Child Development Center, Northridge Presbyterian Church and their staff to obtain emergency medical treatment and I hereby release said center, church, and staff from liability for action taken pursuant of this release.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

### Emergency Contact Information

Please the names and relationship (mom, dad, neighbor, etc.), address, & number (cell, home, etc.) of persons to be contacted in case of illness or emergency. List in order of calling preference.

**Name/ Relationship/ Address/ Phone Number**

EX Mary Smith/mom 6920 Bob-O-Link, Dallas, 75214 214-555-1212(h) 214-555-1213 (c)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Authorization of Student Removal

Please list names (and relationship) and phone numbers of individuals who have permission to pick your child up from school. All who are unknown to staff will be asked to show identification. List names & relationship of anyone forbidden from picking up your child. Please alert the staff of changes of special situations.

**Name/ Relationship/ Phone Number**

EX Mary Smith/mom 214-555-1212 (h) 214-555-1213 (c)

**Permitted**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Forbidden**

1. \_\_\_\_\_ 2. \_\_\_\_\_

## Enrollment Agreement

**Please read and initial your agreement to each of the following statements:**

\_\_\_\_\_ School hours are 9:30-2:00. Dismissal begins at 1:45. The student is to be brought to the classroom and received by the teacher. The student will be dismissed in the same manner. Any parent arriving later than 2:05 will be charged a late fee of \$5.00 per each increment of 5 minutes. Late fees will be added to the next month's tuition fee.

\_\_\_\_\_ Tuition is due by the first of each month. A \$10.00 late fee will be added to any tuition received after the 5<sup>th</sup> of the month. A \$20.00 late fee will be added to any tuition received after the 10<sup>th</sup> of the month. Students whose tuition is unpaid by the 15<sup>th</sup> of each month may be dropped from the program. **Upon acceptance, all registration fees are nonrefundable.**

\_\_\_\_\_ A 30 day notice must be given when a child is exiting or modifying the program. Tuition will be charged for that time period.

\_\_\_\_\_ Each child must be examined by a physician within 12 months prior to the 1<sup>st</sup> day of school. All immunizations must be current and a copy on file in the NCDC office. Staff members will not administer medications to a child.

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Parent Signature/Date