



NORTHRIDGE
CHRISTIAN SCHOOL

2011-2012
Application For Admission
Preschool

Office Use Only
Reg. Fee _____
Check # _____
Date _____

Date _____ Applying for: M,W,F Mornings ____ 5 Mornings ____ M,W,F Full Days ____ 5 Full Days ____

Student Name: _____
First Middle Last Preferred Name

Date of Birth: ____/____/____ Gender: M F Residing School District: _____

Address: _____

City/State/Zip _____

Home Phone: _____ Family E-mail: _____

Student's Ethnicity: (Please mark all applicable boxes)

- African American Native American Asian/Pacific Islander Caucasian/ Non-Hispanic
 Latino/Hispanic Other: _____

First Language of the Student: _____ Language used in home: _____

IMPORTANT STUDENT INFORMATION

Does your child have any allergies? Be specific.

Does your child have asthma? Yes ____ No ____

Does your child require medications? _____
Please check with the school nurse or secretary regarding the proper protocol for dispensing medication at school.

Has your child had any nursery school, preschool, Sunday school experiences? Explain.

Does your child have playmates? _____ Is your child toilet trained? _____

Does your child have any learning difficulties, emotional or psychological challenges or physical disabilities which may affect his/her activities or progress at school? Does/has your child received any special services? Explain.

Do you plan on sending your child to NCS kindergarten as well as preschool? _____

How did you hear about Northridge Christian School? (Check all that apply)

____ Referral (Name: _____)

____ Website ____ School Sign ____ Other _____

FAMILY INFORMATION

Parent/Guardian #1 _____
Title (Ms., Mr., Mrs., Dr.) First Middle Last

Employer _____ Occupation/Title _____

Business Phone _____ Cell Phone _____

Business E-mail _____

Home Address (if different from applicant)

Street City State Zip

Home Phone _____ Home E-mail _____

Parent/Guardian #2 _____
Title (Ms., Mr., Mrs., Dr.) First Middle Last

Employer _____ Occupation/Title _____

Business Phone _____ Cell Phone _____

Business E-mail _____

Home Address (if different from applicant)

Street City State Zip

Home Phone _____ Home E-mail _____

EMERGENCY CONTACTS

Please list names and phone numbers of two people we can contact in case of an emergency.

1. _____ 2. _____

Parent/Guardian Signature: _____ **Date:** _____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENTS

The Northridge Christian School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students. It does not discriminate on the basis of race, color, national and ethnic origin in admissions policies, scholarship and loan programs, and athletic and other school-administered programs.