

REGISTRATION APPLICATION: INFORMATION VERIFICATION

Student Information

Full Name _____ DOB _____
What should we call the child? _____ Male Female
Address (street, city and zip) _____
Primary language spoken English Other _____
Potty-trained? Yes No
Up-to-date on immunizations? Yes No, please explain: _____
Important medical information (allergies/handicaps/diseases), please list: _____ none
Previous preschool/daycare/play group experience: _____ none
Reason for switching to NCCDP: _____ n/a
Pediatrician's Name _____
Pediatrician's Phone Number: (_____) _____

Siblings

Name _____	Name _____	Name _____
DOB _____	DOB _____	DOB _____
Attends/attended NCCDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attends/attended NCCDP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attends/attended NCCDP? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current School: _____	Current School: _____	Current School: _____

Primary Contacts

Child lives with: Mother Father Both Guardian, please specify _____

Parent/Guardian Name _____	Relationship to Student _____
Email Address _____	Occupation _____
Address (street, city and zip) <input type="checkbox"/> same as student <input type="checkbox"/> other _____	
Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work (_____) _____	Mobile Carrier _____
Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work (_____) _____	Mobile Carrier _____
Parent/Guardian Name _____	Relationship to Student _____
Email Address _____	Occupation _____
Address (street, city and zip) <input type="checkbox"/> same as student <input type="checkbox"/> other _____	
Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work (_____) _____	Mobile Carrier _____
Phone <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work (_____) _____	Mobile Carrier _____

How did you first hear about our school? Referred by _____ Online Search Other _____

Name of Parent/Guardian completing this form: _____

Signature: _____

Date _____



REGISTRATION APPLICATION: 2022/2023 CLASS & SCHEDULE SELECTIONS

- To register, you must submit the **Registration Application** and **Information Verification Forms** with appropriate fees:

New Family Enrollment Fee	Returning Family Registration Fee	Summer	Parent/Toddler
\$250 (\$200/siblings)	\$200 (\$100/siblings)	\$50/session (\$25/siblings)	\$50/session

Registration/Enrollment fees are non-refundable, unless we are unable to enroll your child in any program.
- Returning Family Registration Applications and Fees are due January 11-15, 2021.
New Family Registration Applications and Fees are due February 1-5, 2021.
- Below, in the appropriate area for the child's age group, mark your choices 1, 2, 3, etc... according to your preferred schedule.
Please mark all options that you are willing to accept. *If your marked options are full we will not be able to enroll your child and we will continue the application process with the other applicants until all programs are full.*
- If your preferred programs are full, you will be placed on the waiting list for those programs (for example: If your child is enrolled in your third choice program, they will be on the waiting list in the order of enrollment for your first and second choice programs).
- Upon receipt of your application status, the security deposit and signed contract will be due to confirm enrollment.

Student Name: _____ **DOB:** _____

SUMMER 2022

Check one:

- BOTH Sessions I & II** **Session I only** **Session II only**
- June 20 - August 11* *June 20 - July 14* *July 18 - August 11*

What is the preferred schedule? (Number choices 1-6)

- | | |
|------------------------------|---------------------------------|
| <u>Half Day (9:00-12:00)</u> | <u>Extended Day (9:00-1:30)</u> |
| ____ Mon/Wed | ____ Mon/Wed |
| ____ Tue/Thu | ____ Tue/Thu |
| ____ Mon - Thu | ____ Mon - Thu |

Parent/Toddler

*Children must be 18-30 months
on the first day of class.*

Summer (10:30-12noon)
DOB 12/23/19 - 12/21/20

Fall (2:30-4:00pm)
DOB 3/22/20 - 3/20/21

Winter (2:30-4:00pm)
DOB 6/1/20 - 5/29/21

Spring (2:30-4:00pm)
DOB 9/2/20 - 8/28/21

SCHOOL YEAR 2022/2023

- 2½- to 3-year-olds** Room 1 (DOB 9/1/2019 — 4/30/2020)

What is the preferred schedule? (Number choices 1-6)

- | | |
|---------------------------------|--------------------------------|
| <u>Half Day AM (9:00-12:00)</u> | <u>Half Day PM (1:00-4:00)</u> |
| ____ Mon/Wed/Fri | ____ Mon/Wed/Fri |
| ____ Tue/Thu | ____ Tue/Thu |
| ____ Mon - Fri | ____ Mon - Fri |

- 3- to 4-year-olds** Rooms 2 & 3 (DOB 9/1/2018 — 10/31/2019)

What is the preferred schedule? (Number choices 1-9)

- | | | |
|---------------------------------|--------------------------------|---------------------------------|
| <u>Half Day AM (9:00-12:00)</u> | <u>Half Day PM (1:00-4:00)</u> | <u>Extended Day (9:00-1:30)</u> |
| ____ Mon/Wed/Fri | ____ Mon/Wed/Fri | ____ Mon/Wed/Fri |
| ____ Tue/Thu | ____ Tue/Thu | ____ Tue/Thu |
| ____ Mon - Fri* | ____ Mon - Fri* | ____ Mon - Fri* |

*Please note that five day (M-F) spaces are limited in each class.

Would you be interested in enrolling to a Combo Class (i.e. MWF PM & TTH AM) maximize the school schedule? yes no

- Pre-Kindergarten** Rooms 4,5 & 6 (DOB 9/1/2017 — 10/31/2018)

What is the preferred schedule? (Number choices 1-3)

- | | |
|---------------------------|------------------|
| ____ Full Day (9:00-2:00) | ____ Mon/Wed/Fri |
| | ____ Tue/Thu |
| | ____ Mon - Fri* |

- Junior Kindergarten** Room 7 (DOB 5/1/2017 — 10/31/2017)

- ____ Full Day (9:00-2:00) Mon - Fri