

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: 2023/2024 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 in January. New Families may submit Registration Applications and Fees in February - see the school calendar on our website for exact dates.
- 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 2023

Check one:

- BOTH Sessions I & II** **Session I only** **Session II only**
- June 26 - August 17* *June 26 - July 20* *July 24 - August 17*

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 12/30/2020 - 12/28/2021
- Fall (2:30-4:00pm)**
DOB 3/21/2021 - 3/19/2022
- Winter (2:30-4:00pm)**
DOB 5/29/2021 - 5/28/2022
- Spring (2:30-4:00pm)**
DOB 8/29/2021 - 8/27/2022

SCHOOL YEAR 2023/2024

- 2½- to 3-year-olds** Room 1 (DOB 9/1/2020 — 4/30/2021)

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 9/1/2019 — 10/31/2020)

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* |

- Pre-Kindergarten** Rooms 4, 5 & 6 (DOB 9/1/2018 — 10/31/2019)

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

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

*Please note that five day (Mon-Fri) spaces are limited in each class. Would you be interested to enroll in a Combo Class (i.e. MWF plus TTH) to maximize the school schedule?
 yes no

- Junior Kindergarten** Room 7 (DOB 5/1/2018 — 10/31/2018)

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