



NORTHRIDGE CHRISTIAN PRESCHOOL

APPLICATION PROCESS

We appreciate your interest in applying to NorthRidge Christian Preschool. If you have questions at any time during the application process, please contact us at (863) 422-8164 for assistance.

Step One – A Completed Application Packet

A completed application packet includes the following:

- _____ Completed Enrollment Application
- _____ Copy of both parent's drivers license
- _____ Proof of Legal Guardianship**
- _____ Copy of Certified Birth Certificate

** If student does not reside with parents please provide proof of guardianship (court order).

Step Two – Interview Procedure

After the Application has been completed, you will be contacted regarding available positions in the preschool. This may be done during a family interview or over the phone.

A family interview will be conducted, as determined by the Director, either at some point during a school tour or a meeting held separately. We do require an appointment for this interview so that we can devote our full attention to your family.

After completion of all of the above, your application will be processed and you will be notified by telephone or in writing as to your child's acceptance. If your child meets the admissions requirements but there are no spaces currently available in that age group, you will be given an opportunity to keep your application active in the waiting pool.

Step Three – Enrollment

Upon acceptance, you will receive forms to be completed and returned to the admissions office. Students are not considered officially enrolled until all items below have been received. You will have 5 days to submit all required paperwork and registration fees. No child may begin class prior to completing the enrollment process in full.

- | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------|
| _____ Registration Fee (see rate sheet based on age) | _____ Emergency Card |
| _____ Florida State Immunization Record - FL DH 680 | _____ Tuition payment for 1st week/month |
| _____ Florida State Physical Form 3040 - Physical exam
within 12 months prior to entrance. | _____ Notarized Medical Authorization Form |
| _____ Copy of Student's Social Security Card | _____ Tuition Contract |
| _____ Parent Handbook Acknowledgement | _____ Subsidized Childcare Contract (Arbor, VPK, etc) |



NORTHRIDGE CHRISTIAN PRESCHOOL

(Date of Application)

(Current Age of Student)

Student Application

Entering Grade: (Please circle) **PRE:** K1 K2 K3 K4 School Grade: _____ **Hours Of Care (10 hr. max)**
 6:30am-4:30pm **7:00am-5:00pm** **7:30am-5:30pm**
 8:00am-6:00pm Academic Schedule Polk Teacher (No Summer)
 VPK Only 9:00am-12:00pm VPK Only M/W/F VPK Only T/TH
 VPK Wrap ___AM ___PM Aftercare Bus P/U Grade: _____ School: _____

Student Name: _____
 (Last Name) (First Name) (Middle Name) (Preferred Name)

Student's Home Address: _____
 (Street) (City) (State) (Zip Code)

Mailing Address (if different): _____
 (Street) (City) (State) (Zip Code)

Date of Birth: ___/___/___ Age: _____ Gender: ___ Male ___ Female

Has any child in your immediate family ever attended NorthRidge Christian Preschool or NorthRidge Christian Academy? (Please circle) **YES NO**

NorthRidge Christian Preschool will admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We will not discriminate on the basis of race, color, national and ethnic origin in the administration of our educational and admission policies.

Enrollment Agreement

My signature below indicates that I have read, understand, and agree with the **ENROLLMENT AGREEMENT** in making the application for my child to attend NorthRidge Christian Preschool.

1. I agree to support the standards of NCP in every area of its philosophy and policies including spiritual, academic, behavioral, dress, and disciplinary, and to maintain the basic principals of biblical morality in my home.
2. My family will faithfully attend an evangelical church.
3. Full cooperation, compliance, and a good attitude are expected from me and my family. I will resolve any disagreement using the Matthew 18 principal and always treat the school faculty and staff with respect.
4. I agree to assume the responsibility for my child's education by actively partnering with the school, being an encourager, and keeping in regular contact with my child's teacher(s).
5. I agree to attend teacher-parent conferences to discuss my child's spiritual, academic, and social progress.
6. I agree to support NCP to the best of my ability through attendance and participation in the various school activities, and through prayer, time, and financial gifts.
7. I understand that my child, if accepted, cannot be enrolled until the Registration Fee has been paid.
8. I agree to be personally responsible for all financial obligations incurred at NorthRidge Christian Preschool.
9. NorthRidge Christian Preschool reserves the right to refuse any application or to dismiss any child at any time for unacceptable work or conduct by parent or child, or for any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon NorthRidge Christian Preschool.

(Father's Signature)

(Date)

(Mother's Signature)

(Date)



NORTHRIDGE CHRISTIAN PRESCHOOL

Family Information

PRIMARY FAMILY (Student's primary residence)

FATHER/STEPFATHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____

Y/N Responsible For Bill Y/N Allowed Access to Billing

MOTHER/STEPMOTHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____

Y/N Responsible For Bill Y/N Allowed Access to Billing

SECONDARY FAMILY (if different from above)

FATHER/STEPFATHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____

Y/N Responsible For Bill Y/N Allowed Access to Billing

MOTHER/STEPMOTHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____

Y/N Responsible For Bill Y/N Allowed Access to Billing

RESPONSIBLE PARTY (if not otherwise stated all people listed on this form will have access to financial information)

PLEASE INDICATE THE PERSON TO CONTACT REGARDING FINANCIAL MATTERS. IF OTHER THAN ALL PARENTS LISTED ABOVE

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____

This student has been approved for the following Tuition assistance program:
 ___ VPK (Four Year Olds)
 Voucher/contract must be attached
 ___ ELC (Preschool and Afterschool Care)
 Voucher/contract must be attached
 ___ Multiple Child Discount



NORTHRIDGE CHRISTIAN PRESCHOOL

CUSTODY

Is Child Adopted? _____ Does Child Know of Adoption? _____

If child is adopted and adoptive parents are not listed on their birth certificate, proof of guardianship is required (court order).

Parents are: Married Separated Divorced Single

Child Resides with: Both Parents Mother Father Other: _____

If child does not reside with both parents proof of guardianship and visitation (court order) must be on file.

SIBLINGS (please list all siblings of the prospective student)

Name: _____ Grade/Age ____/____ School: _____

Name: _____ Grade/Age ____/____ School: _____

Name: _____ Grade/Age ____/____ School: _____

Name: _____ Grade/Age ____/____ School: _____

Name: _____ Grade/Age ____/____ School: _____

How did you hear about NCP? _____

Referred By: _____

Briefly explain why you want your child to attend NorthRidge Christian Preschool: _____

What expectations do you have of your child as a student of NorthRidge Christian Preschool? _____

Academic History

Please list previous preschool or schools attended beginning with most recent

School	Address	Phone	All Financial Obligations Met?	Reason for leaving

Has child ever been:

___ Suspended? ___ Expelled? ___ Referred to Administration for Discipline reasons?

Please Explain: _____

Failure to disclose information regarding disciplinary actions may result in your application being revoked.

Has student ever been evaluated or referred for evaluation for learning difficulties? ___ Yes ___ No

Please give details of evaluation or attach a copy of the evaluation: _____



NORTHRIDGE CHRISTIAN PRESCHOOL

Spiritual Information

Have you accepted Jesus Christ as your personal Savior?

Father: ___ Yes ___ No

Mother: ___ Yes ___ No

Student: ___ Yes ___ No

What do you base your belief/faith on? _____

How often do you attend church? Father _____ Mother _____ Student _____

Name of Church: _____

Name of Pastor: _____

Denomination: _____

Doctrinal Statement

NorthRidge Christian Academy is a ministry of First Baptist Church of Haines City, Inc; doing business as "NorthRidge Church." The church and school are a part of the Southern Baptist Convention whose heart is best described by a passion to reach our world with the hope found only in a personal relationship with Jesus Christ. A detailed description of our doctrinal statement is available through the church office or can be read in its entirety at the following web address: www.sbc.net/bfm/bfm2000.asp.



Preschool Financial Agreement

We agree to pay a registration fee of \$ _____ to enroll in (NCP) NorthRidge Christian Preschool. This fee is nonrefundable and due when child is registered.

We agree to pay tuition as designated, following the payment schedule set forth in the School Handbook and/or in the registration materials. Tuition can be paid by weekly or monthly payments. Tuition is due the 15th of every month for academic scheduled students, or on the Friday before the week for weekly payers, as designated on the payment schedule. We agree to pay a service charge of \$25.00 on all late monthly tuition payments received after the 25th and/or \$10.00 on Tuesdays for weekly scheduled payments.

The first installment weekly or monthly is due prior to child's start date: \$ _____

The remaining payment(s) will be made in one of the following ways:

- One annual payment of \$ _____
- Monthly (Academic) payments of \$ _____
- Weekly payments of \$ _____

Monthly tuition is due on the 15th of each month. Weekly tuition is due on the Friday before the week. Registration fees are due June 1 of each year. *Weekly tuition amounts may change during the year based on ELC subsidy funding.

We agree and understand that NSF checks will not be resubmitted. Cash is to be submitted with an additional \$25.00 added to the original amount. If a second NSF check is received from the same account in the same preschool year, we will request that no additional personal checks be accepted for one year. A money order, cashier's check or cash will be accepted. We also understand that no post-dated checks can be accepted. We agree that if we are going to be late in making a monthly installment, we will notify the preschool office of our situation. If special circumstances arise and payments cannot be made on time, we will set up a conference with the preschool administration to make payment arrangements.

We understand that tuition will not be refunded for student absence due to illness or other causes, or for students dismissed for violation of preschool policies. We also understand that parents or guardians shall be responsible for all breakage or damage to the preschool property caused by the student (s) over and beyond ordinary wear and tear.

We understand that NorthRidge relies upon tuition payments to help pay monthly operational costs; therefore, in the case of an outstanding account, a meeting with the preschool administration may be requested to make arrangements for the account to be brought up to date in a timely manner. We agree that if our account is more than 2 weeks past due, and no arrangements have been made with the preschool administration, our children forfeit their right to continue their education at NorthRidge until satisfactory payment arrangements have been made or the payment is made in full.

We acknowledge that the items stated above and below, as applicable, constitute an agreement, between the preschool and us and there are not other agreements oral or otherwise.

We as parents/guardians of the applicant(s), do sincerely give our pledge to all items stated above, as applicable.

Date: _____

(Both Signature Required Where Applicable)

Print: _____
Mother or Legal Guardian

Signature: _____
Mother or Legal Guardian

Print: _____
Father or Legal Guardian

Signature: _____
Father or Legal Guardian



Preschool Parent Agreement

We, the parents/guardians, who are accepting the challenge of training our child (ren) to love the Lord with all of their heart, mind and soul do state that the training described in God's word is the same training being carried on in the home. We also place our trust in NorthRidge Christian Preschool to extend that training more completely.

We pledge that our family will try to show its sincere Christian purpose by attending church services at our own church or NorthRidge. Those of us that are members of NorthRidge are aware of the mission and goals of our church as outlined in Exploring Church Membership.

We agree to abide by all of the preschool policies of NorthRidge as set forth in the Preschool Handbook and any additional policies established by the administration.

We agree that our children will participate in the Bible studies and all other parts of a Christian education that includes religion and memory work. We will encourage and help them as much as is deemed prudent with all their work.

We also invest in the authority of the preschool to discipline our child (ren) as outlined in the preschool discipline program. We understand that discipline allows teachers to teach and students to learn. We agree that we will cooperate and discipline our child in the home as needed.

We agree that, if for any reason our child does not respond positively to the established philosophy, purposes, practices and programs of the preschool, we will quietly withdraw our child.

We hereby authorize emergency medical care in the event of serious illness or accident as designated on the emergency form if parents cannot be reached.

We also agree to pay for any preschool property damage or loss by our child (ren). This shall include, but is not limited to, damage or loss to grounds, buildings, fixtures, furniture, equipment, books, paper, and supplies.

We grant the preschool permission to take our child (ren) on walks, field trips, and excursions away from preschool as long as we sign and grant permission on a consent form.

We have read and will abide by the Parent/Student Handbook that is available on the preschool website www.northridgechristianpreschool.com. Printed copies are available upon request at the preschool office.

We acknowledge that the items stated above, constitute an agreement, between the preschool and us.

We as parents/guardians of the applicant do sincerely give our pledge to all items stated above, as applicable.

Date: _____

(Both Signatures Required Where Applicable)

Print: _____

Mother or Legal Guardian

Signature: _____

Mother or Legal Guardian

Print: _____

Father or Legal Guardian

Signature: _____

Father or Legal Guardian



Preschool Acknowledgement of Receipts Statement

On _____, I, _____
(Date) (Printed Name of Parent/Legal Guardian)

Acknowledge the receipt, and understanding of the following:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681)
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility” (CF/PI 175-24) (also available on our website)
- Section 65C-22.006(3) © 2, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, pages 19-20 of Student/Parent Handbook
- Section 402.3125(2), F.S., parent received a copy of the Child Care Facility Brochure, “Influenza Virus” (CF/PI 175-70) (also available on our website.)
- Parent has read and will abide by the Parent/Student Handbook that is available on the preschool website www.northridgechristianpreschool.com. Printed copies are available upon request at the preschool office.

Your signature below indicates that you have received, read, and understand the above items.

Signature of parent/guardian

Date

(Name of Child)



NORTHRIDGE CHRISTIAN PRESCHOOL

Image and Technology Form

Student Name (please print) _____
Last Name First Name Grade

Students WILL HAVE the privileges listed below.

I understand that NorthRidge Christian Preschool does photograph and/or video students for the purpose of the following:

- Class Project's (to be sent home with parent/guardians)
- Class and Individual portraits that can be purchased by all parents in the class.
- Group photo's for use in slideshows during year end programs.
- Current VPK Gold Standards requires the teacher to photograph your child for his/her individual assessments. These photos are shared only with VPK through a secure student assessment program. If a child is enrolled in VPK this is not optional and must be agreed to.

At no time will my child's name or photo be published on any personal website or social media.

In granting such permission, I (we) relinquish and give to NorthRidge Christian Preschool, all right to the images or negatives, and waive any right to compensation for the publication or other use of these materials.

If I do not wish for my child to participate in any of the above items I must state so below and make other arrangements for my child during these activities.

The Image and Technology Form will become a part of the student's cumulative record.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



NORTHRIDGE CHRISTIAN PRESCHOOL

Medical Treatment Form

Being the parent or legal guardian of _____, (minor's name printed)
 I _____ (parent's name printed) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to Preschool/Church Staff to make the decisions necessary for treatment. Should there be no Preschool/Church Staff available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the Preschool or organization sponsoring this event will be used as the secondary coverage.

Allergies to food, medication, etc. (If none, so state)

Special Medical Conditions (If none, so state)

Family Physician _____ Phone No. _____
 Office Address _____

Parent/Guardian Name _____
(Please Print)

Parent/Guardian Home Address _____
(Street Address)

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Company _____ Policy/Group # _____

Parent/Guardian Signature _____ Date _____

State of Florida, County of _____

I hereby certify that the foregoing was executed before me this _____ day of _____ by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

 My commission expires _____

Notary Public, State of Florida