

Application Number \_\_\_\_\_

Date Received \_\_\_\_\_



**THE PRESCHOOL AT NORTHSIDE DRIVE  
BAPTIST CHURCH  
APPLICATION FOR ADMISSION  
2017-2018**

3100 Northside Drive, NW  
Atlanta, GA 30305  
(404) 237-9060  
(404) 237-1682  
[www.ndbcpreschool.org](http://www.ndbcpreschool.org)

Applicant's Name \_\_\_\_\_

Age as of 9/1/2017 \_\_\_\_\_ Years \_\_\_\_\_ Months

Birthday: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

# APPLICATION

Application **MUST** be completed entirely to be considered (even by returning students). Please type or print.

The Preschool and Parents' Morning Out/Toddler Program are in operation M-F from 9:30am-1:30pm. Toddlers may only attend one or two days per week. Please make your class choice below by circling the requested days.

CLASS	AGE	CIRCLE REQUESTED DAYS
PARENT MORNING OUT/TODDLER	12 months by 9/1/16	May Attend 1or 2 Days M T W TH F
2 YEAR OLD	2 by 9/1/16	MWF, T/TH, M-F
3 YEAR OLD	3 by 9/1/16	MWF, T/TH, M-F
OLDER 3S / YOUNG 4S	4 between 9/1/16 and 12/31/16	MWF, T/TH, M-F
PRE-K	5 prior to 9/1/17	Must Attend 5 Days M-F

CHILD'S FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ RACE \_\_\_\_\_ ETHNICITY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Is your family a member of Northside Drive Baptist Church \_\_\_ yes \_\_\_no.

If no, please tell us your church affiliation: \_\_\_\_\_

CORRESPONDENCE SHOULD BE ADDRESSED TO:

NAME \_\_\_\_\_

(please specify Mr. & Mrs., Dr. & Mrs., Mr. only, Mrs. only, etc)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS' MARITAL STATUS: \_\_\_ MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED

IF PARENTS ARE DIVORCED, WHO HAS PHYSICAL CUSTODY OF THE CHILD? \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUS. PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUS. PHONE \_\_\_\_\_

NAME(S) AND GRADE(S) OF OTHER CHILDREN IN THE FAMILY AND SCHOOL CURRENTLY ATTENDED FOR EACH:

\_\_\_\_\_ BOY \_\_\_ GIRL \_\_\_ BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

\_\_\_\_\_ BOY \_\_\_ GIRL \_\_\_ BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE PRESCHOOL? \_\_\_\_\_

CHILD'S PREVIOUS PRESCHOOL/PDO/DAYCARE EXPERIENCE:

SCHOOL NAME \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ARE THERE ANY OTHER PEOPLE WHO ARE WITH YOUR CHILD ON A REGULAR BASIS? (i.e. GRANDPARENTS OR OTHER RELATIVES, NANNY, HOUSEKEEPER, ETC). IF SO, PLEASE EXPLAIN: \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN AT HOME \_\_\_\_\_ OTHER LANGUAGES \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL OR DEVELOPMENTAL DISABILITIES OR BEHAVIORAL, EMOTIONAL, OR SENSORY ISSUES? DO YOU HAVE ANY CONCERNS WITH REGARD TO YOUR CHILD'S DEVELOPMENT? \_\_\_\_\_

HAS YOUR CHILD HAD ANY PROBLEMS WITH VERBAL COMMUNICATION? HAS HE/SHE BEEN IN SPEECH THERAPY? \_\_\_\_\_

HAVE THERE BEEN ANY SERIOUS DISEASES, ACCIDENTS, SURGICAL PROCEDURES OR HOSPITAL STAYS FOR YOUR CHILD? YES \_\_\_ NO \_\_\_. IF YES, PLEASE LIST: \_\_\_\_\_

DOES YOUR CHILD TAKE ANY MEDICATION? IF SO, PLEASE DESCRIBE: \_\_\_\_\_

IS YOUR CHILD UNDER THE CARE OF A PHYSICIAN OTHER THAN HIS/HER REGULAR PEDIATRICIAN? IF SO, PLEASE EXPLAIN: \_\_\_\_\_

IS THERE A HISTORY OF RECURRING EAR INFECTIONS? \_\_\_\_\_

IS YOUR CHILD UNDER ANY DIETARY RESTRICTIONS? IF SO, WHAT AND WHY? \_\_\_\_\_

ARE YOUR CHILD'S IMMUNIZATIONS UP TO DATE? YES \_\_\_ NO \_\_\_ (GA FORM 3231 NEEDS TO BE PROVIDED WITHIN 30 DAYS OF REGISTRATION)

DOES YOUR CHILD HAVE ANY ALLERGIES? IF SO, PLEASE EXPLAIN (UPON ENROLLMENT WE MUST HAVE AN ALLERGY ACTION PLAN ON FILE): \_\_\_\_\_

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD? \_\_\_\_\_

CHILD'S PEDIATRICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

# PROCEDURES AND POLICIES FOR APPLICATION

1. Registration for the 2017-2018 School Year will open on **November 14<sup>th</sup>, 2016**. Priority Admissions will be given to current students and their siblings. You can register online at <http://ndbcpreschool.org> or mail your completed application to 3100 Northside Drive NW, Atlanta, GA 30305.
2. A \$100 nonrefundable registration fee must accompany each application in order for it to be considered complete. **No space will be held without payment of this fee and a completed application. All checks should be made payable to The Preschool at NDBC.**
3. **Acceptance letters will be emailed by January 15, 2017, and a commitment is due by February 1, 2017.** Once your child is accepted into the program, he/she is expected to complete the school year (August, 2017 – May, 2018). All prepaid fees and tuition are nonrefundable. **If you withdraw a child after August 1, 2017, full annual tuition will be due.**
4. Tuition may be paid in one payment or in 3 equal installments due on May 1, 2017, August 1, 2017, and December 1, 2017. A **separate** check for the supply fee must be submitted with the May 1, 2017, tuition check. Supply fees will vary according to the number of days your child attends. Younger siblings receive a 10% discount and active church members receive a 10% discount. Multiple discounts are not available.

This application is hereby being made for the admission of my child to The Preschool at Northside Drive Baptist Church. **A \$100.00 registration fee per child is attached. I understand that all prepaid fees are non-refundable and that if my child is accepted, I am obligated to pay all tuitions for the full school year as set forth above.**

By signing this application, I understand fees and tuition are non-refundable and agree to the above payment terms. In addition, by signing The Preschool at NDBC's enrollment contract, parents and/or guardians grant consent to The Preschool at NDBC to photograph, videotape, or film their children for the Preschool's use, such as for publications, advertisements, press releases, and website. Parents receive no compensation for such use. Parents not wishing to have their child's image used must notify the Preschool office in writing within 30 days of the first day of school.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS BOX**

DATE APPLICATION RECEIVED \_\_\_\_\_

CLASS \_\_\_\_\_

DATE OF TOUR \_\_\_\_\_

TUITION \_\_\_\_\_

REGISTRATION FEE RECEIVED \_\_\_\_\_

WAIT LISTED / ALT \_\_\_\_\_

DATE \_\_\_\_\_

CASH CHECK NUMBER \_\_\_\_\_

LETTER SENT \_\_\_\_\_

The Preschool at NDBC Program is accredited by the Southern Association of Colleges and Schools Council on Accreditation and School Improvement (AdvancEd) and meets all their standards.

