

Application Number _____

Date Received _____



**THE PRESCHOOL AT NORTHSIDE DRIVE
BAPTIST CHURCH
APPLICATION FOR ADMISSION
2019-2020**

3100 Northside Drive, NW
Atlanta, GA 30305
(404) 237-9060
(404) 237-1682
www.ndbcpreschool.org

Applicant's Name _____

Age as of 9/1/2019 _____ 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 9/1/19 | <i>May Attend 1or 2 Days</i> M T W TH F |
| 2 YEAR OLD | 2 by 9/1/19 | MWF, T/TH, M-F |
| 3 YEAR OLD | 3 by 9/1/19 | MWF, M-F |
| OLDER 3S / YOUNG 4S | 4 by 1/1/20 | MWF, M-F |
| PRE-K | 4 by 9/1/19 | <i>Must Attend 5 Days</i> 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 2019-2020 school Year is now open. 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 2019, and a commitment is due by February 2019.** Once your child is accepted into the program, he/she is expected to complete the school year (August, 2019 – May, 2020). All prepaid fees and tuition are nonrefundable. **If you withdraw a child after August 1, 2018, full annual tuition will be due.**
4. Tuition may be paid in one payment or in 3 equal installments due on May 1, 2019, August 1, 2018, and December 1, 2018. A **separate** check for the supply fee must be submitted with the May 1, 2020, 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.
5. The Preschool at Northside Drive Baptist Church is exempt from the state license. The program is not licensed by Bright from the Start: Georgia Department of Early Care and Learning and IS NOT REQUIRED to be licensed.

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.

