

Student Information Form

Newport Covenant Christian Preschool

Child's name _____ Last _____ First _____ Middle _____ Boy/ Girl

Child's nickname (if *preferred*) _____ Birthdate _____
month/day/year

Address _____ City _____ Zip _____

Phone(____) _____ Cell phone _____

Family emails _____

* Please mark if you **DO NOT WANT** your contact information other than child's name and family email published with class roster. _____

* Please mark if you **DO NOT WANT** your child's picture taken and used for preschool promotional purposes. _____

(The preschool **does** occasionally use pictures on social media and in house presentations. Speak with the Director, if you don't want their picture taken at all.)

Has your child attended Preschool before? Yes/No Where? _____

Primary language spoken at home _____

How well does your child speak English? Fluently____ some____ very little ____

Child Lives with: Both parents__ Mother only__ Father only __ Guardian/other __
If guardian or Other, please explain

What church does your family attend (if any)? _____

Father's/Guardian's name _____

Occupation _____ email _____

Cell phone (____) _____

Mother's/Guardian's name _____

Occupation _____ email _____

Cell phone (____) _____

Siblings' names and ages _____

Does your child have any health conditions that we should be aware of?

Allergic to insect bites or stings? Yes____ No____ **Food Allergies?** Yes____ No____

Severe allergic reactions? Yes ____ No ____

***Family e-mail addresses will be used to create preschool e-mail mailing list for ongoing communication and billing. Please include, and please print neatly!

Registration Status (please check one):

Current Preschool Class enrolled in _____ Current Preschool Family _____

Former Preschool Family _____ Newport Covenant Church Family _____

New Family _____

How did you hear about NCCP? _____

Multiple Child Discount: A tuition discount is offered to families with two or more children registered in the same school year. The older child pays full tuition, and the younger child/children receives a 10% tuition discount.

Sibling enrolled: _____

The information disclosed in this form is accurate to the best of my knowledge:

Parent

Signature: _____

Date: _____

To reserve a space for your child: Please return this registration form and the **\$100 non-refundable registration fee for one child, or \$150 for two or more children.** If two or more children, please complete a registration and class selection form for each child. The Supply Fee and September's tuition are due July 1, 2018

For Office Use Only:

Registration date: _____ Registration amount paid _____ check # _____

Enrolled in

M/W AM Pre 3 T/Th AM Pre 3 M/W/F AM 3 M/W PM 3 T/Th/F AM 3s AM Y4 PM Y4
AM Pre K 4-day PM Pre K 4-day AM Pre K 5-day