



**Newport Covenant Christian Preschool
Enrollment Form
ParentSpace Preschool Practice – Winter Quarter 2018**

Child _____ Girl _____ Boy _____

Nickname (if preferred) _____ Birthdate (mm/dd/yyyy) _____/_____/_____

Does your child have allergies to food? Yes/No

Allergies to bites and/or stings? Yes/No

If yes, has your child experienced SEVERE allergic reactions? Yes/No

Father/guardian _____

Mother/guardian _____

Mailing Address _____

City _____ Zip _____

E-mail address: _____

Home phone (_____) _____ cell/pager (_____) _____

Which adult(s) will be attending with your child? _____

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Return this form with check for \$200 (Payable to NCCP) to Nikki Lloyd, Preschool Director.

For office use: Reg. date _____ chk # _____ Conf. sent _____

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