



Northminster Learning Center
Northminster Presbyterian Church

Please check all the boxes that apply:

Curiosity Corner: 8:30-11:00 a.m.

- I would like my child enrolled in the Mon./Tues. session of Curiosity Corner.
- I would like my child enrolled in the Wed./Thurs. session of Curiosity Corner.
- I would like my child to be enrolled in Friday session of Curiosity Corner in addition to one of the above.

Discovery Preschool: 1/2 day sessions *Please mark session AND schedule*

Session:

Schedule:

- | | |
|--|---|
| <input type="checkbox"/> Morning Session 8:30-11:15 a.m. | <input type="checkbox"/> 3 day program of Discovery Preschool (Tues-Thurs) PM ONLY |
| <input type="checkbox"/> Afternoon Session 12:15-3:00 p.m. | <input type="checkbox"/> 4 day program of Discovery Preschool (Mon-Thurs) |
| | <input type="checkbox"/> 5 day program of Discovery Preschool (Mon-Fri) |

- I will accept an afternoon spot if a morning spot is not available.
- I am interested in using before school care ~ 7:30-8:30 (AM classes)
- I am interested in using the after school program ~ 3:15-5:30 (PM classes)

Full Day Preschool: 8:00 a.m.-3:00 p.m. Monday – Friday

- I would like to enroll my child in full day preschool.
- I am interested in using before school care.
- I am interested in using the after school program.

Kindergarten: 8:00 a.m.-3:00 p.m. Monday – Friday

- I would like to enroll my child in kindergarten. Birth date: _____
- I am interested in using before school care.
- I am interested in using the after school program.

Please complete:

My child will be _____ years _____ months on September 1, 2017.

2017-18 Early Childhood Program Application

Please print clearly

Date _____

Child's Name _____
Last First Middle

Nickname (if any) _____ Date of Birth _____ Sex _____

Child lives with _____

Mother's Name _____ Home Phone _____

Street Address _____

City/State/Zip _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Email Address _____

Father's Name _____ Home Phone _____

Street Address (if different than above) _____

City/State/Zip _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Does your child have any special health problems/concerns? No _____ Yes _____

Is your child on any medications? No _____ Yes _____

Does your child have any food allergies or diet restrictions? No _____ Yes _____

Names of any sisters or brothers _____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Has your child attended a preschool program? No _____ Yes _____ If so where: _____

Is there anything else you think we should know about your child? No _____ Yes _____

Would you like to learn more about Northminster Presbyterian Church (ex. newsletter, worship schedule, etc.)? No _____ Yes _____

Signature of parent/guardian _____ Date _____

Please note if your family/child meets any of the following criteria:

My child is a current student. I am a Northminster Learning Center staff member.

We are members of Northminster Presbyterian Church.

Other Considerations: