

NBCP Enrollment Form 2018-2019 school year

Student's Name: _____ Date of birth: _____

Mother's Name: _____ Cell phone: _____

Employer: _____ Work phone: _____

Home phone: _____

Father's Name: _____ Cell phone: _____

Employer: _____ Work phone: _____

Home phone: _____

Email: _____ (we use email for billing and memos)

Last four digits of any debit or credit card you will use: _____

Home address: _____ Zip code: _____

Church currently attending: _____

Emergency Contacts:

Phone:

1. _____

2. _____

Child's Allergies: _____

Child's Pediatrician: _____ Phone: _____

Preferred Hospital: _____

Is your child potty-trained? _____ Notes about your child: _____

Will your child be enrolled: **Full time** (8:00a.m.-5:30p.m.) _____ or **Part-time** (9:00a.m.-2:30p.m.) _____

We do not offer Full-Time for our 12-24 month class, only Part-Time.

Which days will your child be enrolled (circle):

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Note: Billing is based on days enrolled. If a change is needed on a consistent schedule, please contact the office to make sure we can accommodate the changes.

Date Registration Fee received _____ Payment method: _____

Registration Fee for: One child: \$85.00 Two children: \$140.00 Three or more children: \$195.00

Teacher Assignment _____