



Dear Parents,

Thank you for your interest in enrolling in the NorthRidge Christian Preschool Summer Camp Program.

A non-refundable Registration Fee of \$50.00 is required to hold your child's position in this program. Space is limited and on a first come first serve base. All tuition must be current to enroll in our Summer Program. If accounts become delinquent and are not paid in full by June 1st your child will not be permitted to attend the program.

Tuition of \$90.00 is due every Monday beginning the first Monday that school is out..

This is a summer specific program; therefore, children will be enrolled for the entire summer. Our campus will be closed July 1, 2013 – July 5, 2013 for maintenance. You are not charged for this week. You are also allowed 1 additional week for vacation that you will not be charged. A holding fee equal to ½ your weekly tuition can be taken for 1 additional week due to medical illness. Credit will not be given for additional missed weeks or days.

We do accept ELC assistance for our camp program. Parents are responsible for their weekly parent fee plus an additional \$10.00 per week.

Tuition includes 2 snacks per day, lunch, field trip fees, and a camp shirt for field trips. Some field trips students will have the option of purchasing additional snacks or souvenirs. This is not included in your tuition cost and is at the discretion of the parent.

Payment is due on Monday morning each week. If it is not received by Tuesday at 9:00am you will be charged a \$10.00 late fee and your child will not be able to attend until payment is received.

I have read the above and understand fully.

Parent Signature

Date



SUMMER CAMP APPLICATION

(Date of Application) _____

(Current Grade of Student) _____

Student Application

Circle Grade Student Has Just Completed: K 1 2 3 4 5 6 7 8 (student must younger than 13yrs)

Student Name: _____
(Last Name) (First Name) (Middle Name) (Preferred Name)

Student's Home Address: _____
(Street) (City) (State) (Zip Code)

Mailing Address (if different): _____
(Street) (City) (State) (Zip Code)

Date of Birth: ___/___/___ Age: _____ Gender: ___ Male ___ Female

Social Security # _____ - _____ - _____ Home Phone: _____

Home E-mail: _____
(this address will be used for primary communication to family)

T-Shirt Size: YS (6-8) YM(10-12) YL(14-16) AS AM AL AXL

NorthRidge Christian Academy will admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. We will not discriminate on the basis of race, color, national and ethnic origin in the administration of our educational and admission policies, nor in our scholarship, athletics and/or other programs.

Family Information

PRIMARY FAMILY (Student's primary residence)

FATHER/STEPFATHER

Name: _____

Relation to Student: _____

Home Phone #: _____

Occupation: _____

Employer: _____

Work Phone #: _____

Cell Phone #: _____

Email: _____

Social Security #: _____

Contact in emergency? ___ Yes ___ No

Allowed to pick up child? ___ Yes ___ No

MOTHER/STEPMOTHER

Name: _____

Relation to Student: _____

Home Phone #: _____

Occupation: _____

Employer: _____

Work Phone #: _____

Cell Phone #: _____

Email: _____

Social Security #: _____

Contact in Emergency? ___ Yes ___ No

Allowed to pick up child? ___ Yes ___ No



NORTHRIDGE CHRISTIAN PRESCHOOL

SECONDARY FAMILY (if different from above)

FATHER/STEPFATHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____
 Contact in emergency? ___ Yes ___ No
 Allowed to pick up child? ___ Yes ___ No

MOTHER/STEPMOTHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____
 Contact in Emergency? ___ Yes ___ No
 Allowed to pick up child? ___ Yes ___ No

RESPONSIBLE PARTY (if different from PRIMARY)

PLEASE INDICATE THE PERSON TO CONTACT REGARDING FINANCIAL MATTERS.

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Occupation: _____
 Employer: _____
 Work Phone #: _____
 Cell Phone #: _____
 Email: _____
 Social Security #: _____

This student has been approved for the following
 Tuition assistance program:
 ___ VPK (Four Year Olds)
 ___ ARBOR (Preschool and Afterschool Care)
 ___ Step Up For Students
 ___ Multiple Child Discount

CUSTODY

Is Child Adopted? _____ Does Child Know of Adoption? _____
 Parents are: Married Separated Divorced Single
 Child Resides with: Both Parents Mother Father Other: _____
 If child does not reside with both parents proof of guardianship and visitation must be on file.

EMERGENCY CONTACT(Contact in the event parents can not be reached)

FATHER/STEPFATHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Work Phone #: _____
 Cell Phone #: _____
 Contact in emergency? ___ Yes ___ No
 Allowed to pick up child? ___ Yes ___ No

MOTHER/STEPMOTHER

Name: _____
 Relation to Student: _____
 Home Phone #: _____
 Work Phone #: _____
 Cell Phone #: _____
 Contact in Emergency? ___ Yes ___ No
 Allowed to pick up child? ___ Yes ___ No



NORTHRIDGE CHRISTIAN PRESCHOOL

Preschool Financial Agreement

We agree to pay a registration fee to enroll in (NCA) NorthRidge Christian Academy. This fee is nonrefundable and due when child is registered.

We agree to pay tuition as designated, following the payment schedule set forth in the School Handbook and/or in the registration materials. Tuition can be paid by monthly installments or weekly payments. Tuition is due the 15th of every month, or on the Friday before the week for weekly payers, as designated on the payment schedule. We agree to pay a service charge of \$25.00 on all late monthly tuition payments received after the 25th and/or \$10.00 on Tuesdays for weekly scheduled payments.

The first installment is due at the time of enrollment: \$ _____

The remaining payment(s) will be made in one of the following ways:

- One annual payment of \$ _____
- Monthly (Academic) payments of \$ _____
- Weekly payments of \$ _____

Monthly tuition is due on the 15th of each month. Weekly tuition is due on the Friday before the week. Registration fees are due June 1.

We agree and understand that NSF checks will not be resubmitted. Cash is to be submitted with an additional \$25.00 added to the original amount. If a second NSF check is received from the same account in the same school year, we will request that no additional personal checks be accepted for one year. A money order, cashier's check or cash will be accepted. We also understand that no post-dated checks can be accepted. We agree that if we are going to be late in making a monthly installment, we will notify the school office of our situation. If special circumstances arise and payments cannot be made on time, we will set up a conference with the school administration to make payment arrangements.

We understand that tuition will not be refunded for student absence due to illness or other causes, or for students dismissed for violation of school policies. We also understand that parents or guardians shall be responsible for all breakage or damage to the school property caused by the student (s) over and beyond ordinary wear and tear.

We agree to pay all extra school fees where they apply and also extended school child care fees, if any.

We understand that NorthRidge relies upon tuition payments to help pay monthly operational costs; therefore, in the case of an outstanding account, a meeting with the school administration may be requested to make arrangements for the account to be brought up to date in a timely manner. We agree that if our account is outstanding at the end of any quarter of a school year, and no arrangements have been made with the school administration, our children forfeit their right to continue their education at NorthRidge until satisfactory payment arrangements have been made or the payment is made in full.

We acknowledge that the items stated above and below, as applicable, constitute an agreement, between the school and us and there are not other agreements oral or otherwise.

We as parents/guardians of the applicant(s), do sincerely give our pledge to all items stated above, as applicable.

Date: _____

(Both Signature Required Where Applicable)

Print: _____
Mother or Legal Guardian

Signature: _____
Mother or Legal Guardian

Print: _____
Father or Legal Guardian

Signature: _____
Father or Legal Guardian



Preschool Parent Agreement

We, the parents/guardians, who are accepting the challenge of training our child (ren) to love the Lord with all of their heart, mind and soul do state that the training described in God's word is the same training being carried on in the home. We also place our trust in NorthRidge Christian Academy to extend that training more completely.

We pledge that our family will try to show its sincere Christian purpose by attending church services at our own church or NorthRidge. Those of us that are members of NorthRidge are aware of the mission and goals of our church as outlined in Exploring Church Membership.

We agree to abide by all of the school policies of NorthRidge as set forth in the School Handbook and any additional policies established by the administration.

We agree that our children will participate in the Bible studies and all other parts of a Christian education that includes religion and memory work. We will encourage and help them as much as is deemed prudent with all their work.

We also invest in the authority of the school to discipline our child (ren) as outlined in the school discipline program. We understand that discipline allows teachers to teach and students to learn. We agree that we will cooperate and discipline our child in the home as needed.

We agree that, if for any reason our child does not respond positively to the established philosophy, purposes, practices and programs of the school, we will quietly withdraw our child.

We hereby authorize emergency medical care in the event of serious illness or accident as designated on the emergency form if parents cannot be reached.

We also agree to pay for any school property damage or loss by our child (ren). This shall include, but is not limited to, damage or loss to grounds, buildings, fixtures, furniture, equipment, books, paper, and supplies.

We grant the school permission to take our child (ren) on walks, field trips, and excursions away from school as long as we sign and grant permission on a consent form.

We acknowledge that the items stated above, constitute an agreement, between the school and us.

We as parents/guardians of the applicant do sincerely give our pledge to all items stated above, as applicable.

Date: _____

(Both Signatures Required Where Applicable)

Print: _____

Mother or Legal Guardian

Signature: _____

Mother or Legal Guardian

Print: _____

Father or Legal Guardian

Signature: _____

Father or Legal Guardian



Preschool Acknowledgement of Receipts Statement

On _____, I, _____
(Date) (Printed Name of Parent/Legal Guardian)

Acknowledge the receipt, and understanding of the following:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681)
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, “Know Your Child Care Facility” (CF/PI 175-24)
- Section 65C-22.006(3) © 2, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, pages 19-20 of Student/Parent Handbook
- Section 402.3125(2), F.S., parent received a copy of the Child Care Facility Brochure, “Influenza Virus” (CF/PI 175-70)
- Parent has read and understands the Student/Parent Handbook. This handbook is available online at www.northridgechristianacademy.net. Printed copies may be requested from the preschool office.

Your signature below indicates that you have received, read, and understand the above items.

Signature of parent/guardian

Date

(Name of Child)



Image and Technology Opt-Out Form

Student Name (please print) _____
Last Name First Name Grade

Students WILL HAVE the privileges listed below unless this Image and Technology Opt-Out Form is submitted by the Parent/Guardian.

Please place a check in the blank provided for each of the following items of which you **DO NOT** want your child to participate and sign at the end of this document.

1. _____ My child **DOES NOT** have my permission to be photographed or videotaped for school related activities. * By checking #1, your child's photograph will not be in the yearbook nor will he/she be videotaped for school activities.

In granting such permission, I (we) relinquish and give to the NorthRidge Christian Academy, Florida, all right to the images or negatives, and waive any right to compensation for the publication or other use of these materials.

2. _____ My child **DOES NOT** have permission to have work published on the Internet web site, identified by first name/first initial of last name. * By checking #2, your child's photo and name together will not be included in news about honors, awards, or accomplishments.

3. _____ My child **DOES NOT** have permission to access the School Network or the Internet. (Access to instructional software, local files, and teacher led activities, etc.)
* By checking #3, your child will not be able to access important and valuable educational resources such as the school's library card catalog, instructional software, and resources for research and printing.

The Image and Technology Opt-Out Form will become a part of the student's cumulative record.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____



NORTHRIDGE CHRISTIAN PRESCHOOL

Medical Treatment Form

Being the parent or legal guardian of _____, (minor's name printed)
 I _____ (parent's name printed) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to Academy/Church Staff to make the decisions necessary for treatment. Should there be no Academy/Church Staff available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the Academy or organization sponsoring this event will be used as the secondary coverage.

Allergies to food, medication, etc. (If none, so state)

Special Medical Conditions (If none, so state)

Family Physician _____ Phone No. _____
 Office Address _____

Parent/Guardian Name _____
(Please Print)

Parent/Guardian Home Address _____
(Street Address)

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Company _____ Policy/Group # _____

Parent/Guardian Signature _____ Date _____

State of Florida, County of _____

I hereby certify that the foregoing was executed before me this _____ day of _____ by _____, who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

 My commission expires _____

Notary Public, State of Florida