



# Northview Christian School

2017/2018

DATE \_\_\_\_\_

Class (check one):  Kindergarten: 5 yrs (9:15 am-12:15 pm )  M/W/F Preschool: 4-5 yrs (9:30 am-12 noon)  T/Th Preschool: 3 yrs (9:30 am-12 noon)

Date of Birth \_\_\_\_\_ Age as of August 31, \_\_\_\_\_: \_\_\_\_\_

Child's Name \_\_\_\_\_ / \_\_\_\_\_  Boy  Girl  
First & Last Nickname

Home Phone \_\_\_\_\_ Address \_\_\_\_\_  
Street City Zip Code

Mother's Name \_\_\_\_\_ Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Business & Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Business & Address \_\_\_\_\_

Siblings Names & Ages \_\_\_\_\_

Previous Group Experiences \_\_\_\_\_

Problems \_\_\_\_\_ Allergies \_\_\_\_\_  
(must be potty trained)

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Church Affiliation (optional) \_\_\_\_\_

Persons to contact if parents cannot be reached:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**MONTHLY TUITION**

**NON-REFUNDABLE REGISTRATION FEE**

Kindergarten	\$240	\$95
Preschool M/W/F (4-5 yrs)	\$165	\$90
Preschool T/Th (3 yrs)	\$140	\$85

Registration fee is due with this form; \$10 for each additional child in the same family (after paying larger fee except for Kindergarten which remains the same). Tuition is due the first class day of every month and remains the same every month regardless of your child's attendance or the number of school days in the month.

Make checks payable to: Northview Christian School - 13521 N. Mill Rd - Spokane, WA 99208

Child's Name \_\_\_\_\_

**TEACHER REQUESTS NOT ACCEPTED.** Let us know what environment would work best for your child (structured, firm, laid-back, etc). Need to be with **ONE** friend? Write that name here as well.

\_\_\_\_\_

\_\_\_\_\_

### **AUTHORIZATION FORM**

**The following people have my permission to pick my child up from school:**

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

5. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

### **CONSENT FORM**

In case of an emergency, I give my consent to Northview Bible Church/School to take my child to the nearest hospital for emergency care, treatment or surgery when I cannot be reached.

I give my consent for my child to go on excursions from the church under proper supervision. I understand that parents will be notified in advance of these trips.

I agree to waive and release all rights and claims for damages that I may have at any time against Northview Bible Church/School or its representatives or any volunteers.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

