

Application Number \_\_\_\_\_

Date Received \_\_\_\_\_



NORTHSIDE DRIVE BAPTIST CHURCH PRESCHOOL  
APPLICATION FOR ADMISSION  
2010 - 2011

3100 Northside Drive, NW  
Atlanta, GA 30305  
(404) 237-9060  
(404) 237-1682

Applicant's Name \_\_\_\_\_

Age as of 9/1/2010 \_\_\_\_\_ Years \_\_\_\_\_ Months

Birthday: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

# APPLICATION

Application **MUST** be completed entirely to be considered (even by returning students). Please type or print:

(Please circle your preferred choices)

APPLYING FOR DAYS:

1<sup>st</sup> Choice: MWF T/Th M T W Th F #DAYS: \_\_\_\_\_

2<sup>nd</sup> Choice: MWF T/Th M T W Th F #DAYS: \_\_\_\_\_

AGE LEVEL DESIRED: Toddler Pre-2s Young 2s 2s Young 3s 3s Young 4s Pre-K

CHILD'S FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ RACE \_\_\_\_\_ ETHNICITY \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

Is your family a member of Northside Drive Baptist Church \_\_\_ yes \_\_\_ no. If no, please tell us your church affiliation: \_\_\_\_\_

CORRESPONDENCE SHOULD BE ADDRESSED TO:

NAME \_\_\_\_\_

(please specify Mr. & Mrs., Dr. & Mrs., Mr. only, Mrs. only, etc)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS' MARITAL STATUS: \_\_\_ MARRIED \_\_\_ SEPARATED \_\_\_ DIVORCED

WHO IS/ARE THE CHILD'S LEGAL GUARDIAN(S)? \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

FATHER'S EMPLOYER \_\_\_\_\_

MOTHER'S EMPLOYER \_\_\_\_\_

OCCUPATION & TITLE \_\_\_\_\_

OCCUPATION & TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUS. PHONE \_\_\_\_\_

BUS. PHONE \_\_\_\_\_

NAME(S) AND GRADE(S) OF OTHER CHILDREN IN THE FAMILY AND SCHOOL CURRENTLY ATTENDED FOR EACH:

\_\_\_\_\_ BOY \_\_\_ GIRL \_\_\_ BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

\_\_\_\_\_ BOY \_\_\_ GIRL \_\_\_ BIRTHDATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

IS YOUR CHILD A SIBLING OF A PRESENT STUDENT? \_\_\_ NAME & CLASS \_\_\_\_\_

DO YOU HAVE ANY OTHER CHILDREN APPLYING FOR ADMISSION THIS YEAR? \_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_

**FOR OFFICE USE ONLY – PLEASE DO NOT WRITE IN THIS BOX**

DATE APPLICATION RECEIVED \_\_\_\_\_

CLASS \_\_\_\_\_

DATE OF TOUR \_\_\_\_\_

DAYS: MWF T/Th M T W Th F #DAYS: \_\_\_\_\_

REGISTRATION FEE RECEIVED \_\_\_\_\_

TUITION \_\_\_\_\_

DATE \_\_\_\_\_

WAIT LISTED / ALT \_\_\_\_\_

CASH CHECK NUMBER \_\_\_\_\_

LETTER SENT \_\_\_\_\_

IS YOUR CHILD A FORMER NORTHSIDE DRIVE BAPTIST PRESCHOOL STUDENT? \_\_\_\_\_ YEAR LAST ATTENDED \_\_\_\_\_

CHILD'S PREVIOUS PRESCHOOL/PDO/DAYCARE EXPERIENCE: (PLEASE SUBMIT A TEACHER EVALUATION)

SCHOOL NAME \_\_\_\_\_ DATES ATTENDED \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ARE THERE ANY OTHER PEOPLE WHO ARE WITH YOUR CHILD ON A REGULAR BASIS? (E.G., GRANDPARENTS OR OTHER RELATIVES, NANNY, HOUSEKEEPER, ETC). IF SO, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PRIMARY LANGUAGE SPOKEN AT HOME \_\_\_\_\_

OTHER LANGUAGES SPOKEN/UNDERSTOOD BY THE CHILD \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL OR DEVELOPMENTAL DISABILITIES OR DO YOU HAVE ANY CONCERNS WITH REGARD TO YOUR CHILD'S DEVELOPMENT? \_\_\_\_\_

IS HAND DOMINANCE ESTABLISHED? \_\_\_\_\_ IF SO, WHICH HAND? \_\_\_\_\_

HAS YOUR CHILD HAD ANY PROBLEMS WITH VERBAL COMMUNICATION ? HAS HE/SHE BEEN IN SPEECH THERAPY? \_\_\_\_\_

HAVE THERE BEEN ANY SERIOUS DISEASES, ACCIDENTS, SURGICAL PROCEDURES OR HOSPITAL STAYS FOR YOUR CHILD? YES \_\_\_ NO. IF YES, PLEASE LIST: \_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD TAKE ANY MEDICATION? IF SO, PLEASE DESCRIBE: \_\_\_\_\_

\_\_\_\_\_

IS YOUR CHILD UNDER THE CARE OF A PHYSICIAN OTHER THAN HIS/HER REGULAR PEDIATRICIAN? IF SO, PLEASE EXPLAIN:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THERE A HISTORY OF RECURRING EAR INFECTIONS? \_\_\_\_\_

IS YOUR CHILD UNDER ANY DIETARY RESTRICTIONS? IF SO, WHAT AND WHY? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DOES YOUR CHILD HAVE ANY ALLERGIES? IF SO, PLEASE EXPLAIN (UPON ENROLLMENT WE MUST HAVE AN ALLERGY ACTION PLAN ON FILE): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD'S PEDIATRICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

\_\_\_\_\_

# PROCEDURES AND POLICIES FOR APPLICATION

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1. Priority registration is available to current students and church members through December 11, 2009. Siblings of currently enrolled students may apply during this time.
2. As of January 5, 2010, applications from the community will be considered on a first come, first served basis. Registration for new students will take place on Tuesday, January 5, 2010 at 10:00 a.m. These applications **must** be received in person. New applications received through the mail will be processed after January 6th in the order in which they were received.
3. A \$100 nonrefundable registration fee must accompany each application in order for it to be considered complete. **No space will be held without payment of this fee. All checks should be made payable to NDBC Preschool.**
4. Acceptance letters will be mailed out the week of March 30, 2010. If after acceptance you decide not to enroll your child in the preschool, you must notify the Director immediately to avoid further tuition charges. Once your child is accepted into the program, he/she is expected to complete the school year (August – May). If you withdraw your child after April 16, 2010, you must submit 60 days written notice plus two months' tuition. In the event your family is moving outside the Atlanta metro area, written notice of a withdrawal must be submitted by August 1, 2010. A refund check will then be mailed to your new address if applicable. **If you withdraw your child after school has started, full annual tuition will be due.**
5. Tuition may be paid in one payment or in 3 equal installments due on May 1, 2010, September 15, 2010, and January 15, 2011. First tuition payment must include the supply fee. Younger siblings receive a 10% discount and active church members receive a 15% discount.
6. Classes meet from 9:30 am until 1:30 pm.
7. Tuition rates for 2010 - 2011 will be as follows:

Days Per Week	One-Time Supply Fee	NDBC Member	Non-Member
1	\$ 25.00	\$1,446.00 3 payments of \$482	\$1,704.00 3 payments of \$568
2	\$ 50.00	\$2,226.00 3 payments of \$742	\$2,619.00 3 payments of \$873
3	\$ 100.00	\$3,007.00 3 payments of \$1002	\$3,538.00 3 payments of \$1179
4	\$ 125.00	\$3,978.00 3 payments of \$1326	\$4,680.00 3 payments of \$1560
5	\$ 150.00	\$4,635.00 3 payments of \$1545	\$5,454.00 3 payments of \$1818

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This application is hereby being made for the admission of my child to Northside Drive Baptist Church Preschool. **A \$100.00 registration fee per child is attached. I understand that all prepaid fees are non-refundable and that if my child is accepted, I am obligated to pay all tuitions for the full school year as set-forth above.** Supply fees will vary according to number of days child attends.

By signing this application, I understand tuition is non-refundable and agree to the above payment terms.

**PARENT/GUARDIAN  
SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

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