



Registration Form
Northview Preschool

Plantation Rd. at Ridgecrest Dr.
521 Ridgecrest Dr.
Roanoke, VA 24019
540-362-1473

Full name of child: _____ sex: _
(please print)

Name child is called: _____ Birthday: _____
month/day/year

Home Address: _____
number street

city state zip code

Mother's Name _____

Home Address _____ Phone _____

Cell Phone: _____ Email Address: _____

Employer _____ Phone _____

Father's Name _____

Home Address _____ Phone _____
(if different)

Cell Phone: _____ Email Address: _____

Employer _____ Phone _____

Child lives with: Mother __ Father __ Both __

Other: _____
(please explain)

Names and ages of brothers, sisters or other children living in the home:

Any special interests or needs which will help us to know your child better:

Child's doctor: _____ Phone: _____

Allergies: _____

Religious background: _____

This is registration for: (check class below)

Preschool (5 year old)	5-day _____ morning (Mon-Fri)	\$120.00/month
*Preschool (4 year old)	5-day _____ morning (Mon-Fri)	\$120.00/month
*Preschool (4 year old)	3-day _____ morning (Mon/Wed/Fri)	\$100.00/month
**Preschool (3 year old)	3-day _____ morning (Mon/Wed/Fri)	\$100.00/month
Preschool (2 year old)	2-day _____ morning (Tues/Thurs)	\$90.00/month

*new students must be at least 4 years of age before December 31

**students must be at least 3 years of age before October 31

*/**all students must be potty-trained

A registration fee of \$50.00 per child should be returned with all applications. This fee includes start-up materials and the cost of a pre-school T-shirt for the registered child to wear on field trips and special days, etc.

T-shirt size: S ___ (6-8) M ___ (10-12) L ___ (14-16)

Date

Parent's Signature

Please return this registration form and \$50.00 registration fee within 10 days to Northview Preschool, POB 7131, Roanoke, VA 24019

For Preschool Use Only:

Date Registration fee paid _____

Cash _____ Check # _____

Med. Form Sent _____ Recd. _____

JAN. 2012