



# NORTH CITY PRESCHOOL

CHILD'S NAME \_\_\_\_\_  
FIRST MIDDLE LAST

BIRTHDATE: \_\_\_\_\_ SEX:  MALE  FEMALE

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

MOTHER'S PHONE  
NUMBERS: WORK,  
HOME, CELL PHONE

FATHER'S PHONE  
NUMBERS: WORK,  
HOME , CELL PHONE

1. \_\_\_\_\_ (WK)

1. \_\_\_\_\_ (WK)

2. \_\_\_\_\_ (HM)

2. \_\_\_\_\_ (HM)

3. \_\_\_\_\_ (CELL)

3. \_\_\_\_\_ (CELL)

PERSONS TO BE CONTACTED IN CASE OF ILLNESS, ACCIDENT, OR EMERGENCY IF FOR SOME REASON THE PARENTS OR GUARDIANS CANNOT BE REACHED. **THESE PERSONS ARE PEOPLE AUTHORIZED TO PICK UP THE CHILD FROM NORTH CITY PRESCHOOL.** PERSONS WILL BE CONTACTED IN ORDER THEY ARE LISTED.

NAME	RELATIONSHIP	PHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

CHILD'S PHYSICIAN:\_\_\_\_\_ PHONE #:\_\_\_\_\_

CHILD'S DENTIST:\_\_\_\_\_ PHONE # \_\_\_\_\_

**IN CASE OF A MEDICAL EMERGENCY, AND THE PARENT IS UNAVAILABLE, YOUR CHILD'S PHYSICIAN WILL BE CONTACTED. IF FOR SOME REASON THE CHILD'S PHYSICIAN IS UNAVAILABLE, THE PHYSICIAN ON CALL IN THE EMERGENCY ROOM WILL BE USED.**

NAMES AND AGES OF OTHER CHILDREN AT HOME:

<u>NAME</u>	<u>AGE</u>
1. _____	3. _____
2. _____	4. _____

WHAT DO YOU FEEL ARE YOUR CHILD'S SPECIAL ABILITIES? \_\_\_\_\_

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SPECIAL INTERESTS? \_\_\_\_\_

IN WHAT WAYS DO YOU EXPECT OUR PROGRAM TO HELP YOUR CHILD? \_\_\_\_\_

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DOES YOUR CHILD HAVE ANY ALLERGIES OR HEALTH CONCERNS? \_\_\_\_\_

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HOW DID YOU HEAR ABOUT OUR PRESCHOOL? \_\_\_\_\_

WHAT CLASS DO YOU WANT FOR YOUR CHILD?

2 DAY AM  3 DAY AM  5 DAY AM  LUNCH BUNCH  EXTENDED DAY

**THE REGISTRATION FEE SHOULD BE INCLUDED WITH THIS FORM. THIS FORM WITH THE FEE WILL RESERVE YOUR CHILD'S SPOT.**

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_



# NORTH CITY

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## PRESCHOOL

11717 Poway Road • Poway, California 92064 • 858-748-4678

### 2008-2009 SCHOOL YEAR Admission Agreement

1. **Basic Tuition Rates-** 2 day class: \$180.00/ MONTH  
3 day class: \$230.00 /MONTH  
5 day class: \$360.00/MONTH

This includes the standard class time of 9:00 – 11:30 or 1:00- to 3:30 for the afternoon class (limited availability)

2. Available option services: **LUNCH BUNCH**

Lunch Bunch is an optional service for our morning classes. Your child may stay until 12:30 for lunch and extra play time. Lunch is provided by the parent. This additional fee is due with tuition. You may choose this option each month according to your needs. Lunch Bunch is not available on Fridays. The daily rate for children staying only as needed is \$5.00 per day.

2 days per week fee - \$20.00/ month

4 days per week fee- \$40.00 /month

**EXTENDED DAY** (12:30 – 3:00 pm Mon-Thru.) This option is available to 24 morning students only. You may choose to add this to your child's regular schedule and pay the additional fee with your tuition. However, you may choose it on a day to day basis and pay the fee at that time. The fee is \$10.00 per day and is billed separately from tuition. Here is a brief summary of the daily schedule:

12:30 – clean up and rest time

1:45 – snack

2-2:45 – outdoor play

3:00 – dismissal

3. Payment Provision –Annual tuition is divided into 10 equal payments and is due on the first of each month. The first month being August and the last being May. The first payment of tuition will be placed in a 30-day hold account. We require a 30-day notice for removal of a child from school. Upon this notice, we will use these monies to cover tuition. No 30-day notices will be accepted after April 15<sup>th</sup>. A late fee of \$20.00 will be assessed after the 5<sup>th</sup> of each month. Any tuition not received by the 15<sup>th</sup> of the month, is cause for removal of school until fees are paid. If you begin attending North City Preschool at any time after September you will be responsible to pay tuition in June. This will replace the initial payment made in August.

4. Late pickup: Parents will be charged a fee of \$1.00 per minute after the regularly scheduled pick up time.

There is a registration fee of \$100.00 per child per school year (September to June).

I/We \_\_\_\_\_ ( Print Name), the parents of \_\_\_\_\_ have read the admission agreement for North City Preschool and agree to conform to its policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_