

Northshore Christian Academy **Little Navigators**

2012-2013 Registration Form



A Ministry of Northshore Christian Church ~ www.northshorechristianschools.org
 5700-23rd Drive West ~ Everett ~ WA ~ 98203
 Phone: 425.407.1119 ~ Fax: 425.322.2386

Student Information:

Student's Last Name _____	First Name _____	Middle Name _____	Preferred Name _____
Date of Birth _____	Age of Child _____	Gender (M or F) _____	
Home Mailing Address _____	City _____	State _____	Zip _____
Home Street Address <i>(if different)</i> _____	Home or Primary Phone <i>(including area code)</i> _____	Primary Email Address _____	

Check off program you are registering for.

___ Pre-Kindergarten (4 yrs. by Sept. 1st) 4 days (M-Th) _____ **AM only** (8:35-11:35) _____ **PM only** (12:35-3:35)

Father/Step-Father/Guardian: *(Student Resides With)*

Name: _____

Home Email: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Work Email: _____

Do NOT send school-related communications to this work email

Mother/Step-Mother/Guardian: *(Student Resides With)*

Name: _____

Home Email: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Employer: _____

Work Email: _____

Do NOT send school-related communications to this work email

Marital Status:

- Married Single
 Divorced Remarried
 Separated Widowed

Student Lives With:

- Both Parents Father/Stepmother
 Mother Only Mother/Stepfather
 Father Only Other:

Non-Resident Parent: *(Complete only for a parent not living with the student. A copy of a current Parenting Plan is required unless both parents sign the registration form)*

Name: _____ Home Phone: _____ Work Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Occupation: _____ Employer: _____

Is there joint custody? Yes No

Does NCA have permission to release student to non-resident parent? Yes No
(Without legal documentation, this cannot be enforced.)

Child's Personal Profile

What are the strengths in your child's life? _____

What areas is your child working on? _____

Are there any unique factors in your child's life? (Absent parent, death, unusual accidents, illnesses, recent move, etc.)

What forms of discipline have you found effective with your child? _____

List any specific challenges, or dislikes your child has that might help us to relate to him/her better.

Additional comments: _____

Has your child had any previous school/childcare experiences? _____

May we contact them for a reference? _____ Name & Phone Number: _____

Who disciplines your child at home? _____

Is your child toilet trained? _____ If so, at what age did this occur? _____

Family Information

How did you find out about our school? _____

State your reasons for enrolling your child in a Christian environment. _____

Church Affiliation:

Church Currently Attending _____ Pastor _____

City where church is located _____ Church Phone _____

Are you a regular attendee? ____ Yes ____ No

NCA Mission Statement

Northshore Christian Academy exists as a partner with families to provide a superior Christian education, which includes developing spiritual, academic and personal excellence in a Christ-centered environment.

Health:

Indicate any areas of concern regarding your student's health, development or behavior that you think NCA should know about to help serve your child. Disclosure of these concerns doesn't mean that any special instruction or accommodation will be provided to your child, unless required by applicable law.

Student has a history of: (OPTIONAL)

- Hearing problems
 Vision problems
 Speech difficulties
 Diabetes
 Asthma
 Seizure disorder
 Heart problems
 Activity restrictions
 Allergies
 Other _____

Please explain any item checked above. List any allergies, including reactions to medication, or any special physical, mental or chronic medical conditions that you think NCA should know. Disclosure of these doesn't mean that any special instruction or accommodation will be provided to your child, unless required by applicable law. NCA does not have any expertise in treating or dealing with peanut, nut, dairy, or other allergies, or in treating or dealing with other health conditions.

If your child needs help taking oral medications during the school day, please contact the school nurse. NCA is not required to administer oral medications, but may do so under certain conditions. List any medications your child is currently taking.

(Health Insurance Carrier)	(Policy #)	(Group #)	(Under the name of)
(Physician)	(Phone)	(Date of Last Exam)	

Emergency Contacts:

In case of an emergency or illness, list in desired priority, your nearest relative(s) or neighbor(s) whom NCA should contact if unable to contact you.

1. _____	_____	_____	_____
(Print Name)	(Relationship to student)	(Address, City, State, Zip)	
_____	_____	_____	_____
(Home Phone)	(Cell Phone)	(Work Phone)	
2. _____	_____	_____	_____
(Print Name)	(Relationship to student)	(Address, City, State, Zip)	
_____	_____	_____	_____
(Home Phone)	(Cell Phone)	(Work Phone)	
3. _____	_____	_____	_____
(Name of an out of area contact)	(Relationship to student)	(Address, City, State, Zip)	
_____	_____	_____	_____
(Home Phone)	(Cell Phone)	(Work Phone)	

All the information about our child that we provided above is true and correct.

(Signature of Father/Guardian)	(Print Name)	(Relationship to Student)	(Date)
Signature of Mother/Guardian)	(Print Name)	(Relationship to Student)	(Date)