



**NORTHRIDGE CHRISTIAN
PRESCHOOL**

DCF License #C10P00118

**2026-2027
PRESCHOOL
APPLICATION**



2250 STATE ROAD 17 S, HAINES CITY, FL 33844

863-422-8164

A MINISTRY OF NORTHRIDGE CHURCH



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APPLICATION PROCESS

We appreciate your interest in applying to Northridge Christian Preschool. If you have questions at any time during the application process, please contact us at (863)422-8164 for assistance.

STEP ONE - A COMPLETED APPLICATION PACKET

___A completed application packet includes the following:

- ___Completed Enrollment Application
- ___Copy of Both Parent's Drivers License
- ___Proof of Legal Guardianship*
- ___Copy of Certified Birth Certificate

**If student does not reside with parents please provide proof of guardianship (court order)*

STEP TWO - INTERVIEW PROCEDURE

After the application has been completed, you will be contacted regarding available positions in the preschool. This may be done during a family interview or over the phone.

A family interview will be conducted, as determined by the Director, either at some point during a school tour or a meeting held separately. We do require an appointment for this interview so that we can devote our full attention to your family.

After completion of all of the above, your application will be processed, and you will be notified by telephone or in writing as to your child's acceptance. If your child meets the admissions requirements but there are no spaces currently available in that age group, you will be given an opportunity to keep your application active in the waiting pool.

STEP THREE - ENROLLMENT

Upon acceptance, you will receive forms to be completed and returned to the admissions office. Students are not considered officially enrolled until all items below have been received. You will have 5 days to submit all required paperwork and registration fees. No child may begin class prior to completing the enrollment process in full.

- ___Registration fee (see rate sheet based on age)
- ___Florida State Immunization Record - FL DH 680
- ___Florida State Physical Form 3040 - Physical exam within 12 months prior to entrance
- ___Copy of Student's Social Security Card
- ___Parent Handbook Acknowledgement
- ___Emergency Card
- ___Tuition payment for 1st week/month
- ___Notarized medical Authorization Form
- ___Tuition Contract
- ___Subsidized Childcare Contract (Arbor, VPK, etc.)



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FAMILY INFORMATION

PRIMARY FAMILY (Student's Primary Residence)

FATHER/STEPFATHER

Name: _____
Relation to Student: _____
Home Phone #: _____
Occupation: _____
Employer: _____
Work Phone #: _____
Cell Phone #: _____
Email: _____
Social Security #: _____
Y/N Responsible for Bill Y/N Allowed to Access Billing

MOTHER/STEPMOTHER

Name: _____
Relation to Student: _____
Home Phone #: _____
Occupation: _____
Employer: _____
Work Phone #: _____
Cell Phone #: _____
Email: _____
Social Security #: _____
Y/N Responsible for Bill Y/N Allowed to Access Billing

SECONDARY FAMILY (If Different From Above)

FATHER/STEPFATHER

Name: _____
Relation to Student: _____
Home Phone #: _____
Occupation: _____
Employer: _____
Work Phone #: _____
Cell Phone #: _____
Email: _____
Social Security #: _____
Y/N Responsible for Bill Y/N Allowed to Access Billing

MOTHER/STEPMOTHER

Name: _____
Relation to Student: _____
Home Phone #: _____
Occupation: _____
Employer: _____
Work Phone #: _____
Cell Phone #: _____
Email: _____
Social Security #: _____
Y/N Responsible for Bill Y/N Allowed to Access Billing

RESPONSIBLE PARTY (If not otherwise stated, all people on this form will have access to financial information)
PLEASE INDICATE THE PERSON TO CONTACT REGARDING FINANCIAL MATTERS; IF OTHER THAN ALL PARENTS LISTED ABOVE

Name: _____
Relation to Student: _____
Home Phone #: _____
Occupation: _____
Employer: _____
Work Phone #: _____
Cell Phone #: _____
Email: _____
Social Security #: _____

This student has been approved for the following tuition assistance program:

- ___ VPK (Four Year Olds)
Voucher/Contract must be attached
- ___ ELC (Preschool and Afterschool Care)
Voucher/Contract must be attached
- ___ Multiple Child Discount



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CUSTODY

Is Child Adopted? _____

Does Child Know of Adoption? _____

If child is adopted and adoptive parents are not listed on their birth certificate, proof of guardianship is required (court ordered)

Parents are: Married Separated Divorced Single

Child Resides with: Both Parents Mother Father Other: _____

If child does not reside with both parents, proof of guardianship and visitation (court order) must be on file

SIBLINGS (Please list all siblings of the prospective student)

Name: _____ Grade/Age: _____ School: _____

How did you hear about NRP? _____

Referred by: _____

Briefly explain why you want your child to attend NorthRidge Christian Preschool: _____

What expectations do you have of your child as a student of NorthRidge Christian Preschool? _____

ACADEMIC HISTORY

Please list previous preschool or schools attended beginning with most recent

SCHOOL	ADDRESS	PHONE	FINANCIAL OBLIGATIONS MET?	REASON FOR LEAVING

Has child ever been: ___Suspended ___Expelled ___Referred to Administration for Discipline reasons?

Please Explain: _____

Failure to disclose information regarding disciplinary actions may result in your application being revoked

Has student ever been evaluated or referred for evaluation for learning difficulties? ___Yes ___No

Please give details of evaluation or attach a copy of the evaluation: _____



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SPIRITUAL INFORMATION

Have you accepted Jesus Christ as your personal Savior?

Father: ___ Yes ___ No Mother: ___ Yes ___ No Student: ___ Yes ___ No

What do you base your belief/faith on? _____

How often do you attend church?

Father _____ Mother _____ Student _____

Name of Church: _____

Name of Pastor: _____

Denomination: _____

DOCTRINAL STATEMENT

NorthRidge Christian Academy is a ministry of First Baptist Church of Haines City, Inc; doing business as "NorthRidge Church." The church and school are a part of the Southern Baptist Convention whose heart is best described by a passion to reach our world with the hope found only in a personal relationship with Jesus Christ. A detailed description of our doctrinal statement is available through the church office or can be read in its entirety at the following web address: www.sbc.net/bfm/bfm2000.asp.



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PRESCHOOL FINANCIAL AGREEMENT

We agree to pay a registration fee of \$_____ to enroll in (NCP) NorthRidge Christian Preschool. This fee is nonrefundable and due when child is registered.

We agree to pay tuition as designated, following the payment schedule set forth in the School Handbook and/or in the registration materials. Tuition can be paid by weekly or monthly payments. Tuition is due the 15th of every month for academic scheduled students, or on the Friday before the week for weekly payers, as designated on the payment schedule. We agree to pay a service charge of \$25.00 on all late monthly tuition payments received after the 25th and/or \$10.00 on Tuesdays for weekly scheduled payments.

The first installment weekly or monthly is due prior to child's start date: \$_____

The remaining payment(s) will be made in one of the following ways:

- One annual payment of \$ _____
- Monthly (Academic) payments of \$ _____
- Weekly payments of \$ _____

Monthly tuition is due on the 15th of each month. Weekly tuition is due on the Friday before the week. Registration fees are due June 1 of each year. *Weekly tuition amounts may change during the year based on ELC subsidy funding.

We agree and understand that NSF checks will not be resubmitted. Cash is to be submitted with an additional \$25.00 added to the original amount. If a second NSF check is received from the same account in the same preschool year, we will request that no additional personal checks be accepted for one year. A money order, cashier's check or cash will be accepted. We also understand that no post-dated checks can be accepted. We agree that if we are going to be late in making a monthly installment, we will notify the preschool office of our situation. If special circumstances arise and payments cannot be made on time, we will set up a conference with the preschool administration to make payment arrangements.

We understand that tuition will not be refunded for student absence due to illness or other causes, or for students dismissed for violation of preschool policies. We also understand that parents or guardians shall be responsible for all breakage or damage to the preschool property caused by the student (s) over and beyond ordinary wear and tear.

We understand that NorthRidge relies upon tuition payments to help pay monthly operational costs; therefore, in the case of an outstanding account, a meeting with the preschool administration may be requested to make arrangements for the account to be brought up to date in a timely manner. We agree that if our account is more than 2 weeks past due, and no arrangements have been made with the preschool administration, our children forfeit their right to continue their education at NorthRidge until satisfactory payment arrangements have been made or the payment is made in full.

We acknowledge that the items stated above and below, as applicable, constitute an agreement, between the preschool and us and there are not other agreements oral or otherwise.

We as parents/guardians of the applicant(s), do sincerely give our pledge to all items stated above, as applicable.

Date: _____

(Both signatures required where applicable)

Print: _____

Mother or Legal Guardian

Signature: _____

Mother or Legal Guardian

Print: _____

Father or Legal Guardian

Signature: _____

Father or Legal Guardian



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PRESCHOOL PARENT AGREEMENT

We, the parents/guardians, who are accepting the challenge of training our child (ren) to love the Lord with all of their heart, mind and soul do state that the training described in God's word is the same training being carried on in the home. We also place our trust in NorthRidge Christian Preschool to extend that training more completely.

We pledge that our family will try to show its sincere Christian purpose by attending church services at our own church or NorthRidge. Those of us that are members of NorthRidge are aware of the mission and goals of our church as outlined in Exploring Church Membership.

We agree to abide by all of the preschool policies of NorthRidge as set forth in the Preschool Handbook and any additional policies established by the administration.

We agree that our children will participate in the Bible studies and all other parts of a Christian education that includes religion and memory work. We will encourage and help them as much as is deemed prudent with all their work.

We also invest in the authority of the preschool to discipline our child (ren) as outlined in the preschool discipline program. We understand that discipline allows teachers to teach and students to learn. We agree that we will cooperate and discipline our child in the home as needed.

We agree that, if for any reason our child does not respond positively to the established philosophy, purposes, practices and programs of the preschool, we will quietly withdraw our child.

We hereby authorize emergency medical care in the event of serious illness or accident as designated on the emergency form if parents cannot be reached.

We also agree to pay for any preschool property damage or loss by our child (ren). This shall include, but is not limited to, damage or loss to grounds, buildings, fixtures, furniture, equipment, books, paper, and supplies.

We grant the preschool permission to take our child (ren) on walks, field trips, and excursions away from preschool as long as we sign and grant permission on a consent form.

We have read and will abide by the Parent/Student Handbook that is available on the preschool website www.northridgechristianpreschool.com. Printed copies are available upon request at the preschool office.

We acknowledge that the items stated above, constitute an agreement, between the preschool and us.

We as parents/guardians of the applicant do sincerely give our pledge to all items stated above, as applicable.

Date: _____
(Both signatures required where applicable)

Print: _____
Mother or Legal Guardian

Signature: _____
Mother or Legal Guardian

Print: _____
Father or Legal Guardian

Signature: _____
Father or Legal Guardian



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PRESCHOOL ACKNOWLEDGEMENT OF RECEIPTS STATEMENT

On _____, I, _____
(Date) (Printed Name of Parent/Legal Guardian)

Acknowledge the receipt, and understanding of the following:

- Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681)
- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24) (also available on our website)
- Section 65C-22.006(3) © 2, F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility, pages 19-20 of Student/Parent Handbook
- Section 402.3125(2), F.S., parent received a copy of the Child Care Facility Brochure, "Influenza Virus" (CF/PI 175-70) (also available on our website.)
- Parent has read and will abide by the Parent/Student Handbook that is available on the preschool website www.northridgechristianpreschool.com. Printed copies are available upon request at the preschool office.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of parent/guardian

Date

Name of Child



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IMAGE AND TECHNOLOGY FORM

Student Name (please print): _____
Last Name First Name Grade

Students WILL HAVE the privileges listed below.

I understand that NorthRidge Christian Preschool does photograph and/or video students for the purpose of the following:

- **Class Project's (to be sent home with parent/guardians)**
- **Class and Individual portraits that can be purchased by all parents in the class.**
- **Group photo's for use in slideshows during year end programs.**
- **Current VPK Gold Standards requires the teacher to photograph your child for his/her individual assessments. These photos are shared only with VPK through a secure student assessment program. If a child is enrolled in VPK this is not optional and must be agreed to.**

At no time will my child's name or photo be published on any personal website or social media.

In granting such permission, I (we) relinquish and give to NorthRidge Christian Preschool, all right to the images or negatives, and waive any right to compensation for the publication or other use of these materials.

If I do not wish for my child to participate in any of the above items I must state so below and make other arrangements for my child during these activities.

The Image and Technology Form will become a part of the student's cumulative record.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



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MEDICAL TREATMENT FORM

Being the parent or legal guardian of _____, (minor's name printed)
I, _____ (parent's name printed) do consent to any x-ray, anesthetic, medical,
surgical, or dental diagnosis or treatment that may be deemed necessary for my child. Further, I understand
that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an
emergency, I give permission to Preschool/Church Staff to make the decisions necessary for treatment.
Should there be no Preschool/Church Staff available, I give permission to the attending physician to treat my
minor child. I further understand that the doctors, dentists, and other providers attending to my child will take
all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and
agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment
that is given to my child. Any policy of the Preschool or organization sponsoring this event will be used as the
secondary coverage.

Allergies to food, medication, etc. (If none, so state)

Special Medical Conditions (If none, so state)

Family Physician: _____ Phone #: _____

Office Address: _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Company: _____ Policy/Group #: _____

Parent/Guardian Signature: _____ Date: _____

State of Florida, County of _____

I hereby certify that the foregoing was executed before me this _____ day of _____ by
_____, who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Notary Public, State of Florida

My commission expires _____

OUR DISCIPLINE POLICY

Discipline Philosophy

Our goal as a Christian Preschool is to meet the age-appropriate mental, emotional, spiritual, physical and social developmental needs of each child. In order to reach this goal students must understand and learn a respect for authority.

Order is necessary in any school. To teach self-discipline and respect for authority, NCA expects certain standards of conduct. Courtesy and respect for staff and other students are essential. Students need to remain positive and acquiesce when corrected. Discipline is a collaborative effort between the home and the school, the teacher and the student, the parents and the teacher. If discipline is not effective and disobedience is continued, parents may be requested to remove the child. Recommendation for expulsion requires the administrator's approval. When expulsion is deemed, a date of withdrawal from the school is set by the office. That date may be immediate. The school reserves the right to dismiss any student who does not cooperate with the principles of NCP.

At NorthRidge Christian Preschool....

WE DO:

- Praise, reward and encourage the student.
- Model appropriate behavior.
- Listen to the student.
- Provide alternatives for inappropriate behavior.
- Provide the student with natural and logical consequences for his behavior.
- Treat the student with respect as to their needs, desires, and feelings.

WE DO NOT:

- Physically punish the students.
- Verbally abuse students or frighten students.
- Deny food or rest as punishments.
- Leave the student alone, unattended, or without supervision.
- Criticize or belittle students, parents, families, or ethnic groups.

Discipline is the positive method of teaching a child appropriate behavior. It includes acceptance, listening, consistency, encouragement, rewards, praise, offering alternatives, controlling the environment, and isolation (time-out).

It **DOES NOT** include physical punishment, verbal abuse, emotional abuse, "rough handling", or withholding food or sleep.

OUR DISCIPLINE POLICY

Chronic Disruptive Behavior

We will make every effort to work with parents of children having difficulties in child care. We are here to serve and protect all of our children. However children displaying chronic disruptive behavior which has been determined to be upsetting to the physical or emotional well-being of another child may require the following actions:

Initial consultation

The Director may require the parents of any child who attends the school to meet for a conference. The problem will be defined on paper. Goals will be established and the parent will be involved in creating approaches towards solving the problem.

Second consultation

If the initial plan for helping the child fails, the parent will again be required to meet with the Director. Another attempt will be made to identify the problem, outline new approaches to the problem, and discuss the consequences if progress is not apparent.

Suspension

When the previous attempts have been followed and no progress has been made towards solving the problem, the child may be suspended from the child care indefinitely. The child care Director may immediately suspend a child at any time he/she exhibits a behavior which is harmful to him/herself or others. A parent may be called from work at any time the child exhibits uncontrollable behavior that cannot be modified by the childcare staff. That parent may be asked to take the child home immediately. Suspensions from the childcare program may vary from a few hours to an indefinite period.

This information is also listed in our Student Handbook on page 18-19.

(Father's Signature)

(Date)

(Mother's Signature)

(Date)



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CRISIS AND EMERGENCY PLAN

NorthRidge, in cooperation with the local and state authorities and the department of Homeland Security are developing a comprehensive Crisis management plan which will include detailed procedures in the event of any crisis. Each year a copy of this plan will be posted in the school office and in your child's classroom. This will communicate to parents what we will do in the event of an emergency and how they should respond.

Inclement Weather

In the event of inclement weather, the center will follow the recommendation of the Polk County School Board regarding the closing of the Preschool.

Fire and Disaster Drills

Detailed, step-by-step procedures for NorthRidge have been prepared by administration. Students and instructors are given procedures for emergencies. Evacuation routes are posted in each classroom and appropriate locations throughout the campus. Florida School Law mandates every school to carry out fire drill evacuations throughout the year while school is in session. Instructors are asked to go through the applicable fire drill procedures with their students. This should be implemented several times and very thoroughly. Students should be aware of the importance of these drills and carry out everyone as though there were an actual fire. The Fire Department, Department of Children and Families, and County Health Department inspect our facility annually.

Emergency School Closings

NorthRidge Christian Academy and the extended care program will follow any Polk County School Board and/or City of Haines City decision to close due to hazardous weather conditions, or other emergencies. Announcements pertaining to closings of the county schools can be heard on radio and TV (Bright house Cable Channel 9). If not, please call the school office for verification.

Emergency Removal of Students from School Property

In the event it is necessary to remove all students from the preschool building parents will be notified by phone and email as soon as it is possible with regards to the safety of all children. In the event the Preschool Building is evacuated children will be walked to the Gymnasium located on property at the Community Center.

In the event the entire property is evacuated children will be transported under the assistance of Haines City Police Department and Haines City Fire Department to the Haines City Police Department located at 35400 Hwy 27 Haines City, FL 33844. Parents will be notified by phone as soon as possible with regards to the safety of all children.

Emergency Accident and Illness

Your application contains a section for current information in case we need to reach you immediately. Please be sure to fill this out completely and leave it with the teachers. The school office personnel will provide first aid for minor cuts and bruises; however, in the case of an injury or illness, we will contact you immediately.



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Serious accidents that need emergency treatment are usually treated by the nearest hospital. If a child should need immediate transportation to a hospital, the school will arrange immediate transportation. The parents or other individuals listed on the emergency card will be notified as soon as possible. If we cannot reach you and an ambulance is needed, you may incur a charge for the transporting of your child to the hospital. It is imperative that we can reach someone on your emergency card in this type of situation. If a student becomes sick during the day, the teacher will excuse the student and arrangements will be made with the parent or guardian through the school office.

Keep your child home if he/she:

Has a fever or has had one during the previous 24 hour period. Has a heavy nasal, eyes, or ear discharge (green or yellow). Has diarrhea or vomiting.

COMMUNICABLE DISEASE

Having been diagnosed with any of the following diseases or conditions, a child must have written consent from a physician to return to school or to be subject to school office for re-admittance: chicken pox, lice, measles, mumps, pneumonia, whooping cough, pinworms, scabies, ringworm, impetigo, pink eye, or other such communicable diseases or conditions. All children must be fever free for 24 hours before returning to school. If the child is vomiting, has diarrhea, a bad cough, colored mucous or dark urine, the child must stay at home.

HEAD LICE is common in Florida.

Students will be checked periodically for head lice. NorthRidge Christian Preschool has a "no-nits" policy. This means that if nits (lice eggs found at the base of hair roots) are discovered during a head check, the student will be sent home for treatment. Students may not return until they have been properly treated and are nit-free.

**If you are called to pick up your child due to illness, your child may not return for a 24 hour period without a doctor's release. Children may return to school when they have been symptom free for 24 hours.*

In case of accidental injury, we will make an immediate attempt to contact a parent. If we cannot reach you, we will contact the next emergency contact person in your child's record. If necessary, we will also call an ambulance or paramedics. Until arrival of the parent, the Director or an assistant will be in charge and will make all decisions about the care of the child. You will be expected to assume responsibility for any resulting expenses. It is to your child's benefit that you keep the school up to date on the phone numbers, emergency numbers and other pertinent information.

Medical Services and Medications

The School cannot administer any form of medication to students, including aspirin. If your child receives a minor injury or wound, the school will administer first aid. If we feel, that further medical attention is necessary, parents will be contacted immediately. Please see Student Handbook for further information.

(Father's Signature)

(Date)

(Mother's Signature)

(Date)