



PRESCHOOL ENROLLMENT 2025-2026

Please Check Box for Preferred Days:

4 and 5 year-old Options: *Select 1st option, mark 2nd option with a "2", 3rd option with a "3"*

HALF DAYS

FULL DAYS

7:50-11:30

DAYS/WEEK

COST/MONTH

7:50-2:40

DAYS/WEEK

COST/MONTH

	7:50-11:30	DAYS/WEEK	COST/MONTH		7:50-2:40	DAYS/WEEK	COST/MONTH
	Monday/Tuesday	2 days	\$140.00		Monday/Tuesday	2 days	\$285.00
	Wednesday/Thursday	2 days	\$140.00		Wednesday/Thursday	2 days	\$285.00
	Monday thru Thursday	4 days	\$285.00		Monday thru Thursday	4 days	\$565.00

3 year-old Option:

HALF DAYS 8:00-11:30

DAYS/WEEK

COST/MONTH

	Friday Morning	1 day	\$70.00
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A nonrefundable registration fee of \$30 is required to hold your child's place in preschool. Submit payment at time of application. Application **does not** guarantee enrollment in preschool. You will be notified by **March 15** if your child is accepted or placed on a waitlist.

Child's Name _____ Date of Birth _____

Address _____

This child is under the custodial care of: (check one)

City/ST/Zip _____

both parents mother father other (attach

documentation)

Four and five year olds are eligible for busing. Please check if you are interested in busing

Parent/Guardian Name _____

Parent/Guardian Name _____

Primary Phone # _____

Primary Phone # _____

Secondary Phone # _____

Secondary Phone # _____

Address _____

Address _____

Email _____

Email _____

Siblings:

Attends North Shore?

Siblings:

Attends North Shore?

_____ yes no

_____ yes no

_____ yes no

_____ yes no

For Office Use Only: **Date Received** _____ **Registration Fee Received** _____ **Added to GDoc** _____

Emergency Contacts/Permission to pick up your child: *(Please list at least 2 contacts other than parents)*

Name _____ Phone# _____

Name _____ Phone # _____

Name _____ Phone # _____

Child's Doctor _____ Phone # _____

Child's Dentist _____ Phone # _____

Please list any allergies your child has:

Please list any medications your child is receiving:

Please list any health conditions the preschool staff should be aware of: *(This will remain confidential)*

Please tell us how you heard about our program:

PUBLIC RELATIONS PERMISSION: Students and parents may occasionally be photographed or recorded during educational activities. These materials could be used for program promotion or educational purposes. Participation is voluntary, and no photos or recordings will be used without parental approval.

Does NSCS Preschool have permission to photograph or record your child for education purposes within the Preschool Program, and use such photos or recordings for educational distribution? YES NO

NSCS Preschool PAYMENT POLICY: Prompt monthly payments are required.

Please check the box to confirm that you have read and agree to the following:

If preschool payment is overdue by two months or more, I will be notified; my child will be unable to attend the NSCS Preschool Program and may lose their placement and moved to the waitlist.

Parent/Guardian Signature _____ **Date** _____