



333 Jeremiah Boulevard
Charlotte, NC 28262

Preschool: 704-598-9665

For Office Use Only:
Parent I.D. _____
Registration/Resource Amt. & Date _____
AEL Teacher _____ Room _____ Start Date _____

Infants-K4: Requested Start Date: _____

APPLICATION FOR ADMISSION
Infants through K4
2018-2019

Student Information

Student's Legal Name _____ (Last) _____ (First) _____ (Middle)
Preferred Name _____ Sex _____ Age _____ Date of Birth: Month _____ Day _____ Year _____
Address _____
(Resident & Mailing Address) (City) (State) (Zip) (Home Phone)
Place of Birth: _____ Ethnicity _____
Is student a United States citizen? Yes * No *If no, appropriate immigration papers must be submitted with application
Student resides with (check one): Both Parents Mother Father Guardian
List any legal authority or parental restrictions: _____
(Please provide legal documentation, if applicable)
Last school/care provider: _____ School/Provider Phone: _____
School/Provider address: _____
(Street Address & P.O. Box No.) (City) (State) (Zip)
How did you hear about Northside? _____
Has student ever attended AEL? Yes No If yes, which grade _____
List the names and grades of any other children in immediate family who are currently attending or applying at Northside?

Father/Guardian

Father/Guardian's Name _____ (Last) _____ (First) _____ (Middle) _____ Title _____ (Mr., Rev, Dr., etc.)
Preferred Name _____ Date of Birth: _____ Last 4 digits of Social Sec. No. _____
Residence & Mailing Address _____
(Street Address & P.O. Box No.) (City) (State) (Zip)
Relationship to Student _____ Marital Status _____ Email Address _____
Are you an NCA Alumna? Yes No If yes, graduation year _____ Church you regularly attend _____
Employer _____ Occupation _____ Work _____ Cell _____
Have you personally received Jesus Christ as your Savior? Yes No Do you regularly attend church? Yes No
Do you attend Sunday School? Yes No Are you an active church member? Yes No

Mother/Guardian

Mother/Guardian's Name _____ (Last) _____ (First) _____ (Middle) _____ Title _____ (Mrs., Ms., Dr., etc.)
Preferred Name _____ Date of Birth: _____ Last 4 Digits of Social Sec. No. _____
Residence & Mailing Address _____
(Street Address & P.O. Box No.) (City) (State) (Zip)
Relationship to Student _____ Marital Status _____ Email Address _____
Are you an NCA Alumna? Yes No If yes, graduation year _____ Church you regularly attend _____
Employer _____ Occupation _____ Work _____ Cell _____
Have you personally received Jesus Christ as your Savior? Yes No Do you regularly attend church? Yes No
Do you attend Sunday School? Yes No Are you an active church member? Yes No

NCA's first person to contact for information or in an emergency (select one): Mother/Guardian Father/Guardian

Physician: _____ Phone: _____ Hospital Preference: _____

Insurance Company: _____ Policy Number: _____

Emergency Contacts (May be contacted if parents unavailable and are authorized to pick up child):

Name: _____ Cell: _____ Home: _____ Work: _____

Name: _____ Cell: _____ Home: _____ Work: _____

With whom may student be released to other than parent:

1. _____ 2. _____ 3. _____

Is there a medical action plan attached? Yes No

List known food restrictions, physical, emotional, or behavior needs, and regularly administered medications:

List any known allergies and the symptoms of and type of response required for allergic reactions:

List any health care needs or concerns, symptoms of and type of response for these health care needs or concerns:

List any particular fears or unique behavior characteristics the child has: _____

List any types of medication taken for health care needs: _____

Share any other information that has a direct bearing on assuring safe medical treatment for your child:

PLEASE READ CAREFULLY. BY SIGNING THIS APPLICATION I/WE UNDERSTAND AND AGREE THAT:

NORTHSIDE CHRISTIAN ACADEMY'S MINISTRIES ALSO INCLUDE NORTHSIDE CHILD CARE AND ACADEMY FOR EARLY LEARNING, NORTHSIDE SUMMER DAY CAMPS, AND KIDZONE BEFORE/AFTER SCHOOL PROGRAMS.

1. My primary reason for selecting Northside is to provide a Christ-centered education for my child to complement the Biblical teachings set forth for the Christian home and church. (Proverbs 22:6)
2. Having read the most recent age-appropriate Parent-Student Handbook, I agree to fully support school personnel, programs, policies, disciplines, and activities by prayer and communication, and, where possible, to serve as a volunteer in various capacities. I also agree to allow the teacher/Academy's discretion in the discipline of my child while in the Academy's care. I further agree to discipline my child as needed in the home. Should serious problems arise, I agree to come to the Academy to discipline my child.
3. Should my child not respond favorably to the Academy for any reason, I will not try to change the Academy to fit my needs, but agree to quietly withdraw.
4. I agree to make every effort to attend scheduled Parent-Teacher Fellowship meetings and/or Parent-Teacher Conferences.
5. I give permission to list my family's address and phone number in a school directory.
6. I give permission to use my child's photograph and/or name in school publications, including but not limited to newsletters, newspapers, television releases, school website, advertising, and promotional materials.
7. My child may take part in all Academy activities, including games, sports, field trips, and activities outside of a fenced area. Some field trips or activities may involve taking children into a multi-level structure.
8. The Internet is a vast repository of information providing unprecedented educational opportunities for our students. I give permission for my child to use the Internet in classroom settings and search for information on acceptable user sites.
9. I agree to hold the Academy and its agents harmless for any liability to our child or any guardian or parent thereof because of any claims on behalf of my child against the Academy or any agent thereof because of any injury or alleged injury to our child. Should for any reason legal action be taken against Northside Christian Academy or any employee or agent thereof on our child's behalf and the Academy or its agents not be found at fault, we agree to pay any attorney fees, court fees, damages or other costs that Northside Christian Academy or its agents should incur to defend itself against such action.
10. The Academy will not administer over-the-counter medications or prescription drugs without a parent's signature on the daily medicine chart (available from teacher) for infants through K4. In the event of a medical emergency, I give permission for my child to receive first aid from an Academy employee and/or treatment as required by a physician.
11. I understand the Academy's administration has full discretion in the grade placement, promotion, and final acceptance of my child.
12. I have read and will comply fully with the most recent age-appropriate Rates and Fees/Financial Policy, including any withdrawal and/or payment penalties. I understand my, or my child's, failure to comply with Academy policies may result in my child's immediate dismissal, and that school records and report cards may be held until all fees are paid.

(Father/Guardian Signature & Application Date)

(Mother/Guardian Signature & Application Date)

Northside admits students of any race, color, national and ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students at the Academy. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies, athletic and other Academy-administered programs.

Northside Early Learning Administrator Signature & Date _____