



Northwest Hills Preschool

A Ministry of Northwest Hills Church

9334 Fort Street, Omaha, NE 68134 / 402-572-8392

REGISTRATION FORM FOR 2022-2023 SCHOOL YEAR

Completion of this form and a \$35 nonrefundable registration fee will hold your child's place in the program.

Your first tuition payment is due by **September 9, 2022**.

Please make your check payable to Northwest Hills Preschool Thank you.

Child's Full Name: _____

Date of Birth: _____ Sex: _____ Known Allergies: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Phone: _____ Email: _____

Home Address: _____
Street and Number City, State, Zip

Please check the program your child is eligible for:

Mon/Wed/Fri Program (3 year olds)

Children must be 3 years old by 7/31/22

Monthly Tuition: \$125/mo.

Time: 9:00 am to 12:00 pm

Monday-Friday Program (4/5 year olds)

Children must be 4 years old by 7/31/22

Monthly Tuition \$175

Time: 9:00 am to 12:00 pm

What influenced your decision to enroll your child in our preschool?

Christian Teaching Location Referred by: _____ Other: _____

How did you hear about us? Referral Newspaper Ad Sign Phone Book Website Other:

Please read, sign, and date:

I understand that it is a Nebraska state law that all schools must maintain copies of their student's immunization records. I agree to provide Northwest Hills Preschool with a copy of my child(ren)'s immunization record. I understand that failure to comply within one month of my child entering preschool will result in my child's removal from the program, as required by the state.

Parent Signature: _____ Date: _____

Office Use: \$35 Fee Rec'd Cash or Check # _____ Date: _____

Child Information

Northwest Hills Preschool

2022-2023

Child Name _____ M _____ F _____

Last First Middle Name Used

Address _____

Street Address and Apt # City ZIP Code

Primary Phone _____ Date of Birth _____

Mother's Information

Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Work Address _____

Street Address and Apt # City ZIP Code

Father's Information

Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Work Address _____

Street Address and Apt # City ZIP Code

Child resides with(circle):

Both Parents Mother Father Other _____

Other than parents, who is authorized to pick the child up from school?

Name	Phone #	Name	Phone #
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Name	Phone #	Name	Phone #
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In case of illness or accident, whom shall we call IF unable to reach parents?

Name _____ Relationship to Child: _____

Phone _____ Alternate Phone: _____

Name _____ Relationship to Child: _____

Phone _____ Alternate Phone: _____

Health Information

Child Name _____ Date of Birth _____

Address _____
Street Address and Apt # City ZIP Code

Physician: _____
Name Address Phone

Hospital: _____
Name Address Phone

Insurance Company _____ Policy Number _____

Medical Conditions:

Allergies:

Please explain in detail what procedures Northwest Hills Preschool staff should follow if medical condition or allergies occur while at school.

Does your child take any medications that might affect him/her at preschool(circle)? Yes No

Name of Medications _____

Effect of Medications _____

I certify that all information stated on this form is accurate. If any changes occur during or between school years I will inform the director of Northwest Hills Preschool immediately.

Should my child require emergency medical attention or treatment while attending Northwest Hills Preschool, the staff of said preschool may take my child to any of the listed physicians/hospitals. Should none of the listed facilities be immediately available, the staff of Northwest Hills Preschool may take my child for medical attention or treatment to any physician or clinic of the staff's choice.

I hereby consent to and authorize the providing for my child of medical attention and treatment by whatever physician, hospital, or clinic examines my child. I agree to pay all fees, costs, and expenses resulting from such medical attention and treatment for my child, and to hold Northwest Hills Preschool harmless from such fees, costs, and expenses.

Parent's Signature _____ Date _____

Release and Permission

Child Name _____ Date of Birth _____

Photography & Video Release

Northwest Hills Preschool has my permission to photograph and video my child as a part of its continuing program. I understand that such photography and videotaping will be used to enhance the progress of my child as well as the education of staff and community.

Northwest Hills Church (Circle one of the following) **May** **May Not** use photographs/video on the Northwest Hills Church website and/or Facebook page of my child.

Parent's Signature _____ Date _____

Class List Permission

Northwest Hills Preschool has my permission to include my child's name to be used on class lists handed out to Northwest Hills Preschool parents for events such as class parties.

Parent's Signature _____ Date _____

Sunscreen Permission

Northwest Hills Preschool has my permission to apply sunscreen to my child when needed on outdoors excursions.

Parent's Signature _____ Date _____

Walking Permission Slip

Northwest Hills Preschool has my permission to take my child on a walk to surrounding areas. This includes the bottom of the hill, the soccer field, the flower garden on the north side of the building, and the neighborhood park. These walks will only be in conjunction with a class activity or class outing. You will be notified of off property walks through the monthly calendar, parent board, or a special notice sent home.

Parent's Signature _____ Date _____

Parent Handbook Receipt

I have received and read the Northwest Hills Parent Handbook. I certify that I will follow all policies and procedures stated in the Parent Handbook. If an issue arises I will discuss it with the director and follow procedures laid out in the Parent Handbook.

Parent's Signature _____ Date _____

Getting to Know You - Developmental History

2022-2023

Child's Name: _____ Nickname: _____

Parents Names: _____

Child's Date of Birth: _____

Development:

Any speech difficulties? Yes _____ No _____ If so, please describe: _____

Language spoken at home: _____

Does your child use a pacifier or suck thumb? _____ When? _____

Health:

Any known complications at birth? _____

Serious illnesses and/or hospitalizations? _____

Special physical conditions, disabilities? _____

Toilet Habits:

What is used at home(circle): pottychair special child seat regular seat

How does your child indicate bathroom needs? _____

Is your child ever reluctant to use the bathroom? _____

Does your child have accidents? _____

Sleep Habits:

When does your child go to bed? _____ Get up in the morning? _____

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.)

Family:

Siblings names and ages _____

Pets names and type _____

Eating Habits:

Does your child eat breakfast daily? _____

Is your child a finicky eater? _____

Physical Play:

What are your child's favorite physical activities? _____

Does he/she enjoy physical activity? _____

Describe your child's activity level: _____

Does your child ride a bike? _____ If so, what kind (tricycle, 2-wheeler with or w/o training wheels)?

Does he/she wear a helmet? _____

Does your child participate in any sport activities (soccer, gymnastics, dance, etc)?

Quiet Time Activities:

What is your child's favorite quiet time activity? _____

Does your child enjoy being read to? _____

Does your child do arts & crafts at home? If so, what type? _____

Does your child like or dislike getting messy? _____

Screen Time:

What is your child's favorite show? _____

On average, how many hours per day does your child watch tv? _____

Does he/she have a tv in the bedroom? _____

Does your child play video games? _____

Does your child use a computer at home? If so, how often? _____

Social Relationships:

Does your child play with other children outside of the classroom? _____

If so, how often? _____

Are your child's friends older, younger, or the same age? _____

Reaction to strangers: _____

Able to play alone? _____

What is the method of behavior management/discipline at home: _____

Fears/Dislikes:

Does your child have any fears? _____

Any strong dislikes (of certain activities, touch, etc) _____

How do you comfort your child? _____

Parents' Thoughts:

Please describe your child _____

What would you like us to know about your child's personality? _____

Do you have any concerns about his/her development? _____

Is there anything else you would like us to know about your child? _____

Thank you for taking the time to fill out this form. We look forward to a wonderful school year!
