



# Northwest Hills Preschool

*A Ministry of Northwest Hills Church*

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

## REGISTRATION FORM FOR 2023-2024 SCHOOL YEAR

Completion of this form and a \$40 nonrefundable registration fee will hold your child's place in the program.

Your first tuition payment is due by **September 8, 2023**.

***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 7/31/23**

Monthly Tuition: \$150/mo.

Time: 9:00 am to 12:00 pm

**Monday-Friday Program (4/5 year olds)**

**Children must be 4 years old by 7/31/23**

Monthly Tuition \$200/mo.

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: \$40 Fee Rec'd    Cash or Check # \_\_\_\_\_ Date: \_\_\_\_\_



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## 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 \_\_\_\_\_  
\_\_\_\_\_

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## 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 \_\_\_\_\_

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# Getting to Know You - Developmental History

2023-2024

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)?

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**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!**

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