



333 Jeremiah Boulevard  
Charlotte, NC 28262  
704-598-9665

## APPLICATION FOR ADMISSION 2019-20 Infants through Pre-Kindergarten

Student Information

**Requested Start Date:** \_\_\_\_\_

Student's Legal Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ (Last) Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ (First) (Middle)

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 preschool/daycare provider: \_\_\_\_\_ Provider Phone: \_\_\_\_\_

Provider address: \_\_\_\_\_ (Street Address & P.O. Box No.) (City) (State) (Zip)

May we contact previous preschool / daycare provider? Yes No

How did you hear about Northside? \_\_\_\_\_

Has student ever attended AEL? Yes No If yes, which class \_\_\_\_\_

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 \_\_\_\_\_ Title \_\_\_\_\_ (Last) (First) (Middle) (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 \_\_\_\_\_ Title \_\_\_\_\_ (Last) (First) (Middle) (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

Other Information

First person to contact for information or in an emergency (select one): Mother/Guardian    Father/Guardian  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Primary Policy Holder's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ S.S.#: \_\_\_\_\_

**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:**

1. My primary reason for selecting Northside Academy for Early Learning (Academy) 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 Parent-Student Handbook, I agree to fully support AEL 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 work with my child and school personnel.
3. Should my child not respond favorably to the Academy, I will not try to change the Academy to fit my needs but agree to quietly withdraw.
4. I give permission to list my family's address and phone number in a school directory.
5. 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, social media such as Facebook, and promotional materials.
6. 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.
7. 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.
8. 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.~~
9. 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.
10. I understand the Academy's administration has full discretion in the grade placement, promotion, and final acceptance of my child.
11. 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.
12. I understand that my tuition must be two weeks prepaid.
13. I understand if my account becomes 2 weeks delinquent, a warning may be given regarding the status of my account.
14. I understand if my account becomes 4 weeks delinquent, ~~my child(ren) will not be allowed to return until my account is current and 2 weeks tuition has been prepaid.~~
15. I understand delinquent accounts may be turned over to a collection agency and if my account is turned over to an agency, I will be responsible for any/all collection fees.
16. I understand that I will have to set up a FACTS account payment plan with either a bank account or credit card account for payment. All credit card payments will incur a 2.85% processing fee that will be paid by the guarantor.
17. I understand for my child(ren) to participate in any add-on programs such as dance or soccer, my child(ren)'s tuition must be prepaid for a least 2 weeks. All add-on programs will collect their fees directly from the parent(s).

\_\_\_\_\_  
(Father/Guardian Signature & Application Date)

\_\_\_\_\_  
(Mother/Guardian Signature & Application Date)

**Northside Academy for Early Learning 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.**