



## PART TIME PRESCHOOL APPLICATION 2019-2020

A non-refundable \$30 registration fee must accompany this form.

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ GENDER \_\_\_\_\_

PARENT 1 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PARENT 2 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

**\* Children must be 3 years old and potty trained by September 1, 2019 to enroll in preschool**

**Morning**

**Afternoon**

\_\_\_\_\_ M/W/F 9:00-11:30

\_\_\_\_\_ M/W/F 1:00-3:30

\_\_\_\_\_ T/TH 9:00-11:30

\_\_\_\_\_ T/TH 1:00-3:30

\_\_\_\_\_ M-F 9:00-11:30

\_\_\_\_\_ M-F 1:00-3:30

PRIORITY STATUS (check any that apply) <input type="checkbox"/> NBCC Staff <input type="checkbox"/> NBCC Sibling <input type="checkbox"/> NBUMC Church Member <input type="checkbox"/> NBCC Alumni
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Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Registration fee \_\_\_\_\_

Application Received by \_\_\_\_\_

Days Enrolled \_\_\_\_\_

D/C \_\_\_\_\_

I/C \_\_\_\_\_



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