

Kindergarten Registration

2017-2018



It is time to register at the Cooperative School at Northland. Registration begins January 24, 2017. We will register on a first-come, first-served basis. Class size is limited to 12 children for Kindergarten. All children who are not already part of the Cooperative School at Northland may be asked to take a Kindergarten readiness screening which will be administered at your convenience.

Rates and Fees

- Tuition: \$3,250 per year or \$325 per month (10 monthly payments from August 1, 2017 - May 1, 2018)
- \$200 Registration Fee (non-refundable)
- \$100 Curriculum Fee—due by April 1, 2017
- \$100 Materials Fee—due by May 1, 2017

Payment Methods: MasterCard, Visa, Cash, or Check (payable to Northland)

Each child needs to have on file a copy of the following:

- A copy of the child's Birth Certificate
- Health Form (DH 3040)*
- Immunization Record (DH 680)*

*Your pediatrician's office will provide you with copies. They must be submitted by the end of this school year (May 2017).

Important Dates:

- Parent Orientation-August 17, 2017
- First Day of School-August 22, 2017

The Cooperative School at Northland admits all children regardless of race, color, national or ethnic origin. If you have any questions, do not hesitate to contact Pam Anderson at 407-949-7179 or via email at pam.anderson@northlandchurch.net

www.northlandcoop.net

Kindergarten Student Information

2017-2018



Child's name _____ Name Preferred at School _____ Birthdate _____

Full Address _____ Email address: _____

Mother's Name _____ Cell _____ Work _____ Other _____

Father's Name _____ Cell _____ Work _____ Other _____

Child lives with: Both Parents _____ Mom only _____ Dad only _____ Grandparents _____ Other _____

Anything we need to know about living situation: _____

Name of previous school attended: _____

Emergency Contacts (other than parent/guardian) & Authorized Pickup Persons:

Please check appropriate boxes

Name	Phone	Relationship to Child	Emergency	Pick Up
1.				
2.				
3.				
4.				

Does your child have any allergies? If so, to what substances and how are they manifested?

Please provide any additional information which you think might be important for us to know concerning your child (fears, health issues, family situations, IEP, etc...).

Your child's teacher may request additional information in order to better plan for her class. Any information will remain confidential and we ask you to update all information as necessary. Thank you!!

For Office Use: Reg___ Curr___ Sup ___ MR ___ 3040 ___ 680 ___



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Please fill out one for each child you enroll.

Child's Name: _____ Date of Birth ___/___/___ SEX: M_F_

Parent/Guardian Name(s): _____

Full Address: _____

Phone: _____

(Mother Cell)

(Father Cell)

(Other)

Child's Physician: _____

Physician Address/Phone: _____

Insurance Company Name: _____

Address: _____ Phone: _____

Policy No.: _____ Medicaid No.: _____

ALLERGIES: _____

I _____, hereby give my consent to the Cooperative School at Northland to take my child, _____ to the nearest hospital during the hours of preschool, 8:50 a.m. – 2:00 p.m. And hereby release Northland, a Church Distributed and the Cooperative School at Northland from any and all liability, as a result of any negligent medical emergency treatment. I will assume full responsibility for any and all expenses incurred (i.e. ambulance, medical and / or hospital fees, etc.)

Signature: _____(In the presence of a notary)

Date: _____

STATE OF FLORIDA)

COUNTY OF _____)

On this the _____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she/he executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public

My commission expires: _____