



NORTHVIEW
CHRISTIAN SCHOOL

Northview Christian School

2024-2025

DATE _____

Class (check one): Kindergarten: 5 yrs (9:15 am-12:15 pm) 4-5 yrs 5 days a week (9:30am-12noon)
 M/W/F Preschool: 4-5 yrs (9:30 am-12 noon) T/Th Preschool: 3 yrs (9:30 am-12 noon)

Date of Birth _____ Age as of August 31, 2024 : _____

Child's Name _____ / _____ Boy Girl
First & Last Nickname

Home Phone _____ Address _____
Street City Zip Code

Mother's Name _____ Cell _____

Email Address _____

Address _____

Occupation (name of Company) _____

Father's Name _____ Cell _____

Address _____ Occupation _____

Siblings Names & Ages _____

Previous Group Experiences _____

Problems _____ Allergies _____
(must be potty trained) * see back page

Physician _____ Phone _____ Dentist _____ Phone _____

Church Affiliation (optional) _____

Persons to contact if parents cannot be reached:

1) Name _____ Relationship _____ Phone _____
Address _____ Work # _____ Cell # _____

2) Name _____ Relationship _____ Phone _____
Address _____ Work # _____ Cell # _____

	MONTHLY TUITION	NON-REFUNDABLE REGISTRATION FEE
Kindergarten	\$330	\$100
5 days a week (4-5 yrs)	\$295	\$95
Preschool M/W/F (4-5yrs)	\$235	\$95
Preschool T/TH (3 yrs)	\$200	\$90

Registration fee is due with this form; \$10 for each additional child in the same family (after paying larger fee except for Kindergarten which remains the same). Tuition is due the first class day of every month and remains the same every month regardless of your child's attendance or the number of school days in the month.

Make checks payable to: Northview Christian School - 13521 N. Mill Rd - Spokane, WA 99208

For more information: Vicki Halpin, Director - 467.6014 (school office) or 251-2277 Valerie Schultz, assistant - 742-0423

Child's Name _____

TEACHER REQUESTS NOT ACCEPTED. Let us know what environment would work best for your child (structured, firm, laid-back, etc). Need to be with **ONE** friend? Write that name here as well.

**Northview Christian School may not approve all enrollment requests and may reject enrollment for any number of reasons. Some of these may include, but are not limited to, the following: health restrictions, special needs, behavioral challenges, academic struggles, and the like .*

AUTHORIZATION FORM

The following people have my permission to pick my child up from school:

1. Name _____ Relationship to child _____

Numbers: Home _____ Work _____ Cell _____

2. Name _____ Relationship to child _____

Numbers: Home _____ Work _____ Cell _____

3. Name _____ Relationship to child _____

Numbers: Home _____ Work _____ Cell _____

4. Name _____ Relationship to child _____

Numbers: Home _____ Work _____ Cell _____

CONSENT FORM

In case of an emergency, I give my consent to Northview Bible Church/School to take my child to the nearest hospital for emergency care, treatment or surgery when I cannot be reached.

I give my consent for my child to go on excursions from the church under proper supervision. I understand that parents will be notified in advance of these trips.

I agree to waive and release all rights and claims for damages that I may have at any time against Northview Bible Church/School or its representatives or any volunteers.

Parent/Guardian _____ Date _____

