



NORTHMINSTER DAY SCHOOL

2400 Old Alabama Road • Roswell, Georgia 30076 • (770) 998-4992 • www.northminsterdayschool.org



2012-2013 APPLICATION

Today's Date _____

Student's age as of September 1 _____

Birthdate _____ / _____ / _____
Month Day Year

Grade Applying: (Please check the appropriate box)

12-17 months 18-23 month 2 year old 3 year old 4 year old Young Fives Kindergarten

Please indicate your choice of days: 1st _____ 2nd _____ 3rd _____

Name of Child _____ Male Female
Last Name First Name Middle Name Preferred Name

Address _____
Street City State Zip Code

Subdivision _____ Are you a member of Northminster Presbyterian Church? Yes No

Religious Affiliation: _____ Current Church Membership: _____

Home Phone _____ Cell Phone _____ Email address _____

Siblings Name(s) _____ Age _____ Grade/School _____

Parents are: Married Divorced Separated Widowed Custody (if applicable): Mother Father Joint

Mother's Name _____ Father's Name _____

Employer _____ Business Phone _____ Employer _____ Business Phone _____

Please list any special problems you child may have (physical and/or emotional). _____

Please list any allergies your child may have. _____

Is your son/daughter currently taking any long-term medications? Please indicate any ongoing medical conditions and describe their usual treatment. _____

Please list the names and phone numbers of all persons authorized to pick up the child (including carpool drivers). _____

STATEMENT OF ACCURACY AND AUTHENTICITY

I have read and understood this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing any changes contained herein even if said changes occur after enrollment.

Signature of Parent/Guardian _____ Date _____