

Cell Number:_____

Work Number:_____

Email Address:_____

Parent/ Guardian 1

Child lives with (circle):

Both Parents

2025-2026

332 Spencerport Rd Rochester, NY 14606 585-247-8620

Child's Name:	

Office Use Only Reg. Fee (\$40) Pd _____ FT Fee (\$30) Pd. (3's & 4's school year) Cell Number: Work Number:_____ Email Address: Other:

		Tacebook.		
	Sex: M or F Age:	Allerine		
Salast One:	Divide data	Allergies:		
Select One:	Birthdate: / /	<u> </u>		
Preschool Only	_			
Preschool & Daycare	Has your child ever attended			
School Aged Care	another program? If yes, where?	Circle Days Attending:		
		M T W TH F		
Desired Start Date:				
	My child's race is:			
	☐ American Indian/ Alaska Native	☐ Native Hawaiian/ Pacific Islander		
Time in:	☐ Asian	☐ White		
Time out:	☐ Black/ African American	Other:		
	☐ Hispanic	☐ Prefer Not to answer		
Parent/ Guardian 1 Name:				
Address:	Parent/ Guar	Parent/ Guardian 2 Name:		

Emergency Contacts allowed for pick up (Other than Parent/ Guardian 1 & 2)

Parent/ Guardian 2

Name:	Name:	Name:
Cell#:	Cell#:	Cell#:
Relationship To child:	Relationship To child:	Relationship To child:

Northstar Christian Academy Daycare and Preschool will ask to see a photo ID for ANY individual that a staff member does not know. Please inform any of the above individuals to be prepared to present his/her ID. Children must be escorted to and from the daycare and must be signed in and out with the responsible parties name.

Non Authorized Pick up (Court Document Required)___ Dated:

<u>Please initial each secti</u>	<u>on below after reading</u>	Z Dr. Name:	
		Phone #:	
Christian Academy Daycare promotional purposes for tollace (website, brochure, v	and Preschool volunteer his or future calendar yea ideo, newspaper, etc.), no	child taken by a First Bible Baptist Church/N photographer/videographer and to be used rs. I understand that if the video or photograpide identifiable information (first and/or last nad photo or video unless we contact you specified.)	for ministry aph appears in a public ame, address, age, etc.
	m or children changing ho	ildren require a two-week notice, in writing. ours of attendance while in our program. This ent vacation weeks.	
We are required to provide	adequate staffing on all the	he days your child is expected to attend.	
	it is logged at arrival and d	inute after closing will be charged, per child. Ieparture time and the staff will document o	
	y returned checks. All ret	to the week of care. ANY staff member can curned checks are required to be settled no learn out of the area.	•
are available on the daycar such policies. I am aware th	e website (www.northstar nat a copy of these proced	and all NCA Daycare and Preschool Policies daycare.com). I understand and agree to fol dures is available for review at my child's program and Procedures are subject to change with	low and abide by all gram site, and the
I understand that if m staffing to split the classroo	•	e, my child will not be able to stay inside as v	we do not have the
	child has an accident. We o	ed and self-sufficient in the toileting area. Placan assist your child, but they must be able too.	
Academy childcare progran esponsible for noted holid	ns. Weekly or monthly pay ays that the daycare is clo	Fees and tuition for my child(ren) to attend Nyment are required in order for your child(resed as well, with the exception of shut down are obligated to all childcare fees during you	n) to attend. You are n week in July.
	on the above agreement a	**************************************	
		Parent/Guardian 2	

students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students in the daycare programs. NCAD nor FBBC do not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational polices or other school administered programs.