



NOAH'S ARK
PRESCHOOL & KINDERGARTEN
REGISTRATION FORM FOR
2019/2020

Date Received: _____ Date Offered: _____
Date Accepted: _____ Date Denied: _____
Registration Paid: _____ Start Date: _____
Drop Date: _____ Class _____

A non-refundable \$60.00 registration fee is due upon acceptance into the program to guarantee your spot. Payment can be made by check or cash. Please make checks payable to Christ the Savior Lutheran Church. An annual supply & equipment fee is due with first month's tuition.

Please number your selection(s) in order of preference

CHOICE	CLASS	DAYS	AGE	HOURS	COST	Annual Supply & Equip. Fee
	2-3's (PDO1)	Wed. only	2 by September 1, 2019	9:15 am – 1:15 pm	\$93/Mo	\$55.00
	2-3's (PS1)	Mon & Wed	2 by September 1, 2019	9:15 am – 1:15 pm	\$174/Mo	\$60.00
	2-3's (PS2)	Tue & Thu	2 by September 1, 2019	9:15 am – 1:15 pm	\$174/Mo	\$60.00
	3-4's (PS3)	Mon & Wed	3 by September 1, 2019	9:15 am – 1:15 pm	\$174/Mo	\$60.00
	3-4s (PS4)	Tue & Thu	3 by September 1, 2019	9:15 am – 1:15 pm	\$174/Mo	\$60.00
	PREK -1	Mon-Thu 4 day	4 by September 1, 2019	9:15 am – 1:15 pm	\$340/Mo	\$70.00
	PREK- 2	Tue, Thu & Fri 3 day	4 by September 1, 2019	9:15 am – 1:15 pm	\$255/Mo	\$65.00
	PREK - 3	Mon, Wed & Fri 3 day	4 by September 1, 2019	9:15 am – 1:15 pm	\$255/Mo	\$65.00
	Kindergarten (Kind)	Mon – Fri 5 day	5 by September 1, 2019	9:15 am – 1:15 pm	\$389/Mo	\$75.00

Child's Name: (Last) _____ (First) _____ (M.I.) _____ Nickname: _____
Birth Date: (mo/day/yr) _____ **Male** ___ **Female** ___ **Race:** _____ (For Federal reporting purposes only)
Street Address: _____ **City:** _____ **Zip:** _____
Home Phone: _____ **Primary Email:** _____ **Teacher Request?** _____
Names & ages of siblings _____ **Any siblings ever attend our program?** Y ___ N ___

Father's Name: _____ **Cell Phone:** _____ **Email:** _____
Place of Employment: _____ **Work Address:** _____
Title: _____ **Work Phone:** _____
Mother's Name: _____ **Cell Phone:** _____ **Email:** _____
Place of Employment: _____ **Work Address:** _____
Title: _____ **Work Phone:** _____
Parents are: Married ___ Separated ___ Divorced ___ **How did you hear about Noah's Ark?** _____
Current Church: _____ **Would you like our Pastor to call you?** Y ___ N ___

Person(s) responsible for drop-off and pick-up of child in addition to parents:

Name: _____ **Address:** _____

Relationship: _____ **Phone: Cell** _____ **Work** _____ **Home** _____

Name: _____ **Address:** _____

Relationship: _____ **Phone: Cell** _____ **Work** _____ **Home** _____

Local person(s) to contact in case of an emergency (Parents are always contacted first)

Name: _____ **Address:** _____

Relationship: _____ **Phone: Cell** _____ **Work** _____ **Home** _____

Name: _____ **Address:** _____

Relationship: _____ **Phone: Cell** _____ **Work** _____ **Home** _____

Physician: _____ **Address:** _____ **Phone:** _____

Dentist: _____ **Address:** _____ **Phone:** _____

Hospital Preference: _____

Food Allergies: Y ___ N ___ **Foods allergic to:** _____

Allergies other than food: Y ___ N ___ **Allergic to:** _____

Epi-Pen prescribed by Doctor? Y ___ N ___ **Epi-pen will need to be provided for Noah's Ark use if Doctor prescribed.**

Physical or mental disabilities? Y ___ N ___ **Describe:** _____

First Steps: Y ___ N ___ **Describe:** _____

Early Childhood: Y ___ N ___ **Describe:** _____

Fears: _____ **Potty Trained?** Y ___ N ___ **Note: Child can still attend if not potty trained.**

What helps calm your child when upset? _____

Anything else that you think would be helpful for us to know?

Parent Signature: _____ **Date:** _____