



**NOAH'S ARK**  
PRESCHOOL & KINDERGARTEN  
**REGISTRATION FORM FOR**  
2017/2018

PLEASE NUMBER IN ORDER OF PREFERENCE

- |  |  |
|--|--|
| <input type="checkbox"/> W PDO1 Parents Day Out (Ages 2 & 3) | <input type="checkbox"/> MWF PreK1 Pre-Kind. (Ages 4 & 5)  |
| <input type="checkbox"/> MW PS1 Preschool (Ages 2 & 3)       | <input type="checkbox"/> TThF PreK2 Pre-Kind. (Ages 4 & 5) |
| <input type="checkbox"/> TTh PS2 Preschool (Ages 2 & 3)      | <input type="checkbox"/> F LB Lunch Bunch (PreK1 & 2)      |
| <input type="checkbox"/> MW PS3 Preschool (Ages 3 & 4)       | <input type="checkbox"/> MTWThF K1 Kind. (Ages 5 & 6)      |
| <input type="checkbox"/> TTh PS4 Preschool (Ages 3 & 4)      |  |

**A non refundable \$50.00 registration fee made payable to CTS Lutheran Church is due upon acceptance into the program.**

**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: \_\_\_\_\_ Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
**Mother's Name:** \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_ 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: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Home/Work \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Home/Work \_\_\_\_\_  
**Local person(s) to contact in case of an emergency (Parents are always contacted first)**  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Home/Work \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell/Home/Work \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
 Allergies: Y  N  If Allergies, explain: \_\_\_\_\_  
 Please list anything that you think would be helpful for us to know. This might include physical or mental disabilities, participation in First Steps &/or Early Childhood, fears, ways to calm your child down, behaviors to work on...

<b>Office Use Only</b>	Date Rcvd: _____	Date Offered: _____	Date Accepted: _____	Date Denied: _____	CLASS: _____
	Reg. Fee Pd _____		Start Date: _____	Drop Date: _____	