

# Noah's Ark Community Preschool

## Registration Form 2023-2024

Child's full name \_\_\_\_\_  
Name child goes by \_\_\_\_\_  
Date of birth \_\_\_\_\_ Sex: \_\_\_Female \_\_\_Male  
Child's address/city/zip code \_\_\_\_\_  
Child's home phone number \_\_\_\_\_  
Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to the child \_\_\_\_\_

### Parent/Guardian Information

\*Email address of at least one parent is required

Father's name \_\_\_\_\_ phone \_\_\_\_\_  
Father's full address \_\_\_\_\_  
Father's occupation & employment \_\_\_\_\_  
Phone \_\_\_\_\_ \*Email \_\_\_\_\_

Mother's name \_\_\_\_\_ phone \_\_\_\_\_  
Mother's full address \_\_\_\_\_  
Mother's occupation & employment \_\_\_\_\_  
Phone \_\_\_\_\_ \*Email \_\_\_\_\_

Day care provider's name \_\_\_\_\_ Phone/Cell \_\_\_\_\_  
Email \_\_\_\_\_

### Family Information

Brothers and/or sisters (please indicate ages and whether they live with the child):

\_\_\_\_\_  
\_\_\_\_\_

Please list any other persons living with the child & their relationship to the child:

\_\_\_\_\_  
\_\_\_\_\_

Is there a court order/custody order/order of protection for this child? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, a copy of the court order(s) must be submitted before the child can begin preschool.**

(Director's use: Date submitted to preschool)

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**Picking Up Your Child**

Person's authorized to pick up your child: (Additional names may be added on the back of this page.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

*(Note: You must make sure that a staff member is aware of your child's arrival and departure.)*

**Personal History of Your Child**

Is your child  Right-handed?  Left-handed?

Has your child had previous group or preschool experience?  Yes  No

If yes, when & where? \_\_\_\_\_

Does your child have any kind of allergies?  Yes  No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Are there any medical problems of which we should be aware?  Yes  No If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Does your child take medication on a regular basis (prescription or OTC)?  Yes  No

If yes, please give the name(s) of the medication(s):  
\_\_\_\_\_  
\_\_\_\_\_

What words does the child use of using the toilet? \_\_\_\_\_

Does the child have any bowel or bladder irregularities?  Yes  No If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

Are there any special foods, eating instructions or restrictions?  Yes  No

If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_

Any additional info. such as discipline, child's communication, comforting, etc. ?

\_\_\_\_\_  
\_\_\_\_\_

**Financial Agreement**  
**2023 - 2024 School Year**

If you are registering *early* (**June 25**) check the following:

( ) **\$75** -- *non-refundable* early registration fee.

If you are registering *after* (**June 25**) check the following:

( ) **\$95** -- *non-refundable* registration fee.

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There is a **\$950 annual tuition** for first & second year students, and **\$850 annual tuition** for a sibling covering the 10 months. Payment options are as follows:

( ) **First, second & third year student** ten monthly payments \$95.00

( ) **Sibling student** ten monthly payments \$85.00

**\*(Due on or before the 5<sup>th</sup> of each month: Sept.-June)**

( ) **First, second & third year student** four quarterly payments \$237.50

( ) **Sibling student** four quarterly payments \$212.50

**\*(Due Sept. 5, Nov. 15, Feb. 5 and April 15)**

( ) **First, second & third year student** two payments \$475.00

( ) **Sibling student** two payments \$425.00

**\*(Due Sept. 5 & Feb. 15)**

( ) **First, second & third year student** one complete payment \$900.00

( ) **Sibling student** one complete payment \$800.00

**\*(Due Sept. 5)**

**NOTE:** A **\$50.00 discount** is given for tuition paid in full by the first day of class.

**\*Late fees are applicable. See the Parent Handbook: VII. "Fees"**

Signed: \_\_\_\_\_ (date) \_\_\_\_\_

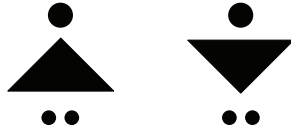
(Parent or guardian) I/We, agree to the payment plan indicated above.

Signed: \_\_\_\_\_ (date) \_\_\_\_\_

**Noah's Ark Community Preschool**

\*Please make checks payable to: Noah's Ark Community Preschool

Would you like a tuition break? Your family can receive 10% off each month's tuition for every new family you recruit, *and who attends Noah's Ark Community* Preschool. For more information, please see or contact Mrs. Eckler, Mrs. Slayton or Mrs. Knoll.



# noAh'sArk community preschool

## Fundraising Policy & Agreement

In order to keep the tuition cost as low as possible, fundraisers are a vital part of the preschool program. The profits from these fundraisers help to defer the preschool's expenses. Therefore, Noah's Ark Community Preschool requires participation in all fundraising events throughout the school year.

1. A minimum will be set by the fundraising coordinator for each event. This must be met or you will be responsible for making up the difference.

EXAMPLE: If you are required to sell 10 items, and you only sell 8, you are responsible for the profit value of 2 items.

2. If you choose not to participate in the fundraiser, you are responsible for the profit value of the set minimum. This will be stated for each fundraiser with the required minimum.

EXAMPLE: If you are required to sell 10 items with profit of \$6.00/item, you will pay \$60 in lieu of selling those 10 items.

This policy applies to all families with students in preschool regardless of tuition assistance or financial arrangements.

I/We understand & agree to the above policy.

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Signature of Parent(s)/Guardian

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Date

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Noah's Ark Community Preschool

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Date

# Noah's Ark Com. Preschool(NACP) Emergency Contact & Medical Information

_____	_____	M	F
Child's name	Date of birth	Sex	
_____	_____		
Parent's/guardian's name	Parent's/guardian's name		
_____	_____	_____	_____
Home/Cell phone	Work phone	Home /Cell phone	Work phone
_____	_____		
Address	Address		
_____	_____		
City, State, ZIP code	City, State, ZIP code		

## Alternative Emergency Contacts

_____	_____		
Primary Emergency Contact	Secondary Emergency Contact		
_____	_____	_____	_____
Home/Cell phone	Work phone	Home/Cell phone	Work phone
_____	_____		
Address	Address		
_____	_____		
City, State, ZIP code	City, State, ZIP code		

## Medical Information

\_\_\_\_\_

Hospital/Clinic Preference

\_\_\_\_\_

Physician's name

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Insurance Company

\_\_\_\_\_

Policy Number

\_\_\_\_\_

Allergies/Special Health Considerations

I grant my permission & consent for a designated adult to minister general first aid treatment for minor injuries & illnesses. If the injury or illness is severe, I authorize him/her to seek professional emergency personnel. I authorize all medical & surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

\_\_\_\_\_

Parent's/Guardian's Signature

\_\_\_\_\_

Date

I give my permission for my child to go on field trips. I release NACP and individuals from liability in case of accident during activities related to NACP, as long as normal safety procedures have been taken.

\_\_\_\_\_

Parent's/Guardian's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date



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## IMMUNIZATION RECORDS

All students are required to provide a copy of their immunization records or written exemption as part of the registration process. Please have your child's pediatrician fax a copy of these records to:

Noah's Ark Community Preschool  
c/o Mrs. Laura Eckler  
607-776-3122

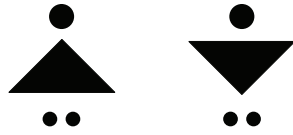
Or mail it to: Noah's Ark Community Preschool  
P.O. Box 434  
Avoca, NY 14809

Or hand deliver it to the preschool.

Please feel free to take this form with you as a reminder.  
Thanks.







# noAh's Ark community preschool

## General Disclaimer: Public Relations

As the parent/guardian of \_\_\_\_\_,

Noah's Ark Community Preschool has my permission to use any image, drawing, or likeness of the said student. This would be used solely for educational and /or promotional purposes of Noah's Ark Community Preschool. I understand that my child's full or given name will not be posted without further authorization.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

*ad* Postal Box 434  
Avoca, New York  
14809

*ph* 607.566.3338

▶ Laura Eckler *director*

▶ [noahsarkcommunitypreschool.org](http://noahsarkcommunitypreschool.org) *web*