

Noah's Ark Community Preschool

Registration Form 2024-2025

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)

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
2024 - 2025 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.*

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 5th 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) _____

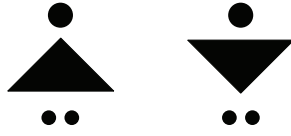
(Parent or guardian) I/We, agree to the payment plan indicated above.

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.



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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.

Signature of Parent(s)/Guardian

Date

Noah's Ark Community Preschool

Date

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

_____		M F
Child's name	_____	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

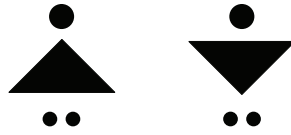
All students are required to provide a copy of their immunization records or written exemption as part of the registration process. Please have your child's pediatrician fax a copy of these records to:

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.



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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 *web*