

Noah's Ark Community Preschool

Registration Form 2025-2026

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
2025 - 2026 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.
Information for Tuition Scholarships available upon request.

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.



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

_____ Child's name	_____ Date of birth	M Sex	F
_____ 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
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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
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_____ Witness Signature	_____ Date
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Field Trip Permission Form/Parent Survey

Child's name _____ Date _____

I understand that field trips are an integral part of the curriculum, and that I will be asked permission for each field trip as it approaches. I further understand that my child will be secured in a seat belt or child safety device while being transported in a car on a field trip. With this understanding, I hereby give me permission for the staff and volunteers of Noah's Ark Community Preschool to take my child on field trips while he/she is in the program.

(Parent's Signature/Date)

My child is too young and/or small to use a seat belt, therefore I assume responsibility for providing a suitable child safety device for my child to use on field trips.

(Parent's Signature/Date)

The staff at Noah's Ark Community Preschool has my permission to take _____ (child's name) on walking field trips in town. This may include a trip to the playground.

(Parent's Signature/Date)

XX

How did you hear about Noah's Ark Community Preschool? ____mail flyers ____ newspaper ads
____radio spots ____word of mouth If so, whom? _____
____other_____

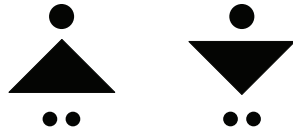
XX

If you are a church-going family, where do you attend?

XX

A Preschool Directory is created for our school families. This will enable contact between the families for birthday parties, play dates, etc. Would you like to have your name, your child's name, your address, and phone number included in this directory?

Yes_____ No, thank you_____



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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*