



Noah's Ark Preschool & PDO Registration Form

Office use only

Room Assignment: _____
Class: _____
Days: _____

Child's Name:		Date of Birth:	Age as of September 1:	
Child's Address:		City	Zip:	
Home Telephone Number:		Cell Phone Number(s):		
Hours & Days Registered:		Date of Admission:	Date of Withdrawal:	
E-mail Address(es):				
Parent(s) Name(s):		Address (if different from Child's):		
Father's Employer & Phone Number:		Mother's Employer & Phone Number:		
During hours of childcare, parents can be reached:				
Primary Name & Number:		Secondary Name & Number:	Alternate Name & Number:	
Emergency Contact (if parents cannot be reached):				
Name:		Telephone Number:	Relationship:	
I authorize Noah's Ark Preschool & PDO to allow my child to leave the facility with ONLY the following persons (excluding parents):				
Name:		Telephone Number:	Relationship:	
Name:		Telephone Number:	Relationship:	
Name:		Telephone Number:	Relationship:	
Church Affiliation:			Member: <input type="checkbox"/> YES <input type="checkbox"/> NO	
List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past twelve (12) months, any medication prescribed for long term continuous use, and any other information which staff should be aware of.				
Authorization for Emergency Medical Attention: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Noah's Ark Preschool & PDO's Director or Person-In-Charge to take my child to:				
Name of Licensed Physician:		Address:	Telephone Number:	
Name of Hospital:		Address:	Telephone Number:	
I give consent for Noah's Ark Preschool & PDO to secure any and all necessary emergency medical care for my child.			_____	
Parent/Legal Guardian Signature				
Previous Childcare Experience: If your child has previously been in a childcare setting, please complete the information below:				
Name and Location of most recently attended childcare program: _____				
Dates Attended: _____				
Financial Agreement: I agree to pay my child's tuition fees in advance monthly or bi-weekly. I understand there is no tuition allowance for absences. I also agree to notify Noah's Ark Preschool & PDO in writing two weeks in advance of withdrawal, should that be necessary. I understand that without notification, I am obligated for two week's tuition. I understand all registration fees are non-refundable.				
_____ Mother/Legal Guardian Signature		_____ Date	_____ Father/Legal Guardian Signature	
_____ NAP Director Signature		_____ Date		



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Child's Address:	City	Zip:
Parent(s) Name(s):	Home Telephone Number:	Cell Phone Number(s):
E-mail Address(es):		

Immunization Record:

I have provided Noah's Ark Preschool & PDO with a copy of my child's most current immunization record.

Admission Requirement:

If your child does not attend pre-kindergarten or school away from Noah's Ark Preschool & PDO, one of the following must be presented when your child is admitted to Noah's Ark Preschool & PDO or within one week of admission.

Please check **only one** option:

1. **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above-named child within the past year and find that he / she is able to take part in the day care program.

Health-Care Professional Signature Date

Name of Health Care Professional: _____

2. A signed and dated copy of a health care professional's statement is attached

Parent/Legal Guardian Signature Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R	_____	_____	_____
L	_____	_____	_____
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Parent/Legal Guardian Signature Date