



## 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.									
<p><b>Authorization for Emergency Medical Attention:</b> In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Noah's Ark Preschool &amp; PDO's Director or Person-In-Charge to take my child to:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid black; padding: 5px;">Name of Licensed Physician:</td> <td style="width: 33%; border-right: 1px solid black; padding: 5px;">Address:</td> <td style="width: 33%; padding: 5px;">Telephone Number:</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 5px;">Name of Hospital:</td> <td style="border-right: 1px solid black; padding: 5px;">Address:</td> <td style="padding: 5px;">Telephone Number:</td> </tr> </table> <p>I give consent for Noah's Ark Preschool &amp; PDO to secure any and all necessary emergency medical care for my child.</p> <p style="text-align: right; margin-right: 100px;">_____</p> <p style="text-align: right; margin-right: 100px;">Parent/Legal Guardian Signature</p>				Name of Licensed Physician:	Address:	Telephone Number:	Name of Hospital:	Address:	Telephone Number:
Name of Licensed Physician:	Address:	Telephone Number:							
Name of Hospital:	Address:	Telephone Number:							
<p><b>Previous Childcare Experience:</b> If your child has previously been in a childcare setting, please complete the information below:</p> <p>Name and Location of most recently attended childcare program: _____</p> <p>Dates Attended: _____</p>									
<p><b>Financial Agreement:</b> 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 &amp; 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.</p>									
Mother/Legal Guardian Signature		Date	Father/Legal Guardian Signature						
_____		_____	_____						
NAP Director Signature		Date							
_____		_____							

