

Noah's Ark Preschool

Our Redeemer Lutheran Church
 105 Gateshead Drive
 McMurray, PA 15317
 Gerda Moul, Director (724) 942-6699



REGISTRATION 2010-11

Child's Name _____ Birth Date _____

Address _____
Street Address Post Office & Zip Code

Phone Number(s) _____
(home) (cell) (cell)

Email Address: _____

Mother's Name _____ Father's Name _____

I wish to register for the following class(es): 1st choice _____
 2nd choice* _____

* You will be contacted only when the 1st choice is unavailable.

I have enclosed the nonrefundable \$50/child or \$75/family registration fee that reserves a place for my child in the class(es).

Parent's Signature _____

Date _____

Please detach below and save for your records.

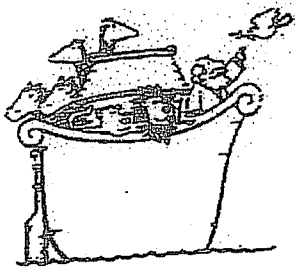
In an effort to meet your child's individual needs, we suggest the following when choosing class placements for the fall:
Classes designed for:

Mommy & Me	age 2 by October 1 st	Time for Tots	age 18 months by October 1 st
3-day 4's	age 4 by October 1 st	2 days 3's	age 3 by October 1 st
Friday Workshop	age 3 by October 1 st & Older	4-day 5's	age 5 by October 1 st

- o Lunch Bunch \$6/session prepaid or \$10/drop-in
- o Time for Tots \$55/month
- o Mommy & Me: 2's \$55/month
- o 2 Day Programs: MW 3's, TTh 3's \$115/month
- o 3 Day Programs: TWTh 4's \$165/month
- o 4 Day Programs: 5's \$180/month
- o Workshop: \$65/4 sessions or \$20/drop-in

September tuition is due by May 15, 2010. The first month's tuition payment is refundable (less a \$35 administrative charge) if the Director is notified in writing by August 10, 2010. Scholarships are available.

A.M.	Monday	Tuesday	Wednesday	Thursday	Friday
Classroom 1	5's 9:00 – 11:30	5's 9:00 – 11:30	5's 9:00 – 11:30	5's 9:00 – 11:30	Workshop Ages 3 – 5 9:30 – 12:00
Classroom 2		4's 9:00 – 11:30	4's 9:00 – 11:30	4's 9:00 – 11:30	Time for Tots Ages 18mos-2years 9:30 – 11:30
Classroom 3	MW 3's 9:00 – 11:30	TTh 3's 9:00 – 11:30	MW 3's 9:00 – 11:30	TTh 3's 9:00 – 11:30	Mommy & Me 2's 9:30 – 11:30
P.M.		Lunch Bunch 11:30 – 12:30	Lunch Bunch 11:30 – 12:30	Lunch Bunch 11:30 – 12:30	
Classroom 1	Staff Planning & Meetings	4's 12:30 – 3:00	4's 12:30 – 3:00	4's 12:30 – 3:00	
Classroom 2		4's 12:30 – 3:00	4's 12:30 – 3:00	4's 12:30 – 3:00	
Classroom 3		TTh 3's 12:30 – 3:00		TTh 3's 12:30 – 3:00	



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School Office 724-942-6699

Gerda Moul, Director

SCHOOL CONTRACT & MEDICAL RELEASE

My child _____ is enrolled in the Noah's Ark Preschool. I express my approval of the following:

My child has permission to use all of the play equipment and to participate in all school activities.

Field Trips

My child may participate in field trips when his/her parent or other responsible caregiver accompanies my child. Parents will be notified in advance. No refunds for admission fees are given.

Financial Contract

I agree to pay Noah's Ark Preschool for the 2010-2011 academic year. Tuition is based on an annual fee from September through May; therefore, no credit is allowed for illness, holidays or vacations. The first month's tuition will be paid by May 15, 2010.

A late fee of \$10.00 will be assessed to a payment after the 15th of each month.

Please choose which payment schedule you wish to use to pay the remaining tuition:

- In full by September 15, 2010
- Two equal payments by September 15, 2010 and January 15, 2011
- Nine equal monthly payments, May 15, 2010 to April 15, 2011

The first month's tuition payment is refundable (less \$35 administrative charge) if the Director is notified in writing by August 10, 2010. If early withdrawal becomes necessary, tuition responsibility ends 30 days after the Director is notified in writing.

Checks should be made payable to **Noah's Ark Preschool** and mailed to 105 Gateshead Drive, McMurray, PA 15317, or placed in the tuition mailbox in the entrance of Noah's Ark.

Date Parent or Guardian responsible for payments

If my child _____ needs medical treatment, it is my wish that such treatment be started while efforts are being made to contact me and the child's physician, and that, if you cannot contact me or the child's physician, you will call another physician, call an ambulance, or have the child taken to an emergency hospital in the company of a staff member as may be appropriate. I accept the responsibility for all costs related to emergency treatment.

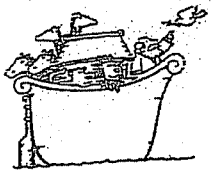
Mother's signature

Date

Father's signature

Date

Please return this copy to the preschool office. Feel free to make a copy of this for your own files.



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Our Redeemer Lutheran Church

105 Gateshead Drive

McMurray, PA 15317

Gerda Moul, Director 724-941-8844

Emergency Form

2010-11

PLEASE FILL OUT COMPLETELY

School Office 724-942-6699

noahspreschool@comcast.net

Child's Name _____ Birthdate _____

Home Phone _____ Mobile Phone _____

Email Address _____ Preschool Class _____
(used for school reminders and parent/teacher communication)

Address _____ Zip _____

Mother's Name _____ Address _____

Employer _____ Occupation _____ Business Phone _____

Father's Name _____ Address _____

Employer _____ Occupation _____ Business Phone _____

If both parents work, who cares for the child? _____

Name and ages of other children in your family: _____

Child's Physician _____ Phone _____

Are there any special considerations, medical or otherwise, concerning your child? _____

List any allergies _____

I give permission for a staff member to administer any medication that I have provided for my child. _____
(signature of parent required)

Who is permitted to pick your child(ren) up from preschool? _____

If someone not listed above will pick up your child from school, please inform the teachers or director before pickup time.

Name and phone numbers of people to be reached in case of illness or emergency during school hours in the event you cannot be reached:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

What are your expectations of how Noah's Ark can benefit your child? _____

How did you hear about Noah's Ark? _____

Do you wish to be included (name, address, phone) in the Noah's Ark Directory? YES NO

Do you give permission for your child to be photographed and/or videotaped as a Student of Noah's Ark Preschool while participating in the activities of our preschool program, both in and out of class, and for the publication and use thereof in promoting the benefits of the school? YES NO

Would you like to receive information regarding events at Our Redeemer Lutheran Church? YES NO