



# NOAH'S ARK PRESCHOOL APPLICATION



2012-2013 Registration for \_\_\_\_\_ Class.

Date Received: \_\_\_\_\_

Child's Name \_\_\_\_\_ M F (circle one)

Birth Date \_\_\_\_/\_\_\_\_/20\_\_\_\_ Telephone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Post Office & Zip Code

Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_ Cell # \_\_\_\_\_

List children in family from oldest to youngest \_\_\_\_\_

Do any of your children attend Noah's Ark now or have attended in the past? \_\_\_\_\_

Previous schools attended (if applicable): \_\_\_\_\_

Are you a member of Our Redeemer Lutheran Church? YES NO

<b><i>Class Schedule</i></b> <b><i>Please list class choice above.</i></b>		<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
A.M.	Classroom 1	Time for Tots 9:30 – 11:30	TWTH 4's 9:00 – 11:30	TWTH 4's 9:00 – 11:30	TWTH 4's 9:00 – 11:30	Time for Tots 9:30 – 11:30
	Classroom 2	5's 9:00 – 11:30	TWTH 4's 9:00 – 11:30	TWTH 4's 9:00 – 11:30	TWTH 4's 9:00 – 11:30	Workshop 9:00 – 11:30
	Classroom 3	MW 3's 9:00 – 11:30	TTH 3's 9:00 – 11:30	MW 3 9:00 – 11:30's	TTH 3's 9:00 – 11:30	Mommy & Me 9:30 – 11:30
			LUNCH BUNCH 11:30 – 12:30	LUNCH BUNCH 11:30 – 12:30	LUNCH BUNCH 11:30 – 12:30	
P.M.	Classroom 1	Teacher Meetings	TWTH 4's 12:30 – 3:00	TWTH 4's 12:30 – 3:00	TWTH 4's 12:30 – 3:00	
	Classroom 2		5's 12:30 – 3:00	5's 12:30 – 3:00	5's 12:30 – 3:00	
	Classroom 3		TTH 3's 12:30 – 3:00	Stay and Play 12:30 – 2:45	TTH 3's 12:30 – 3:00	

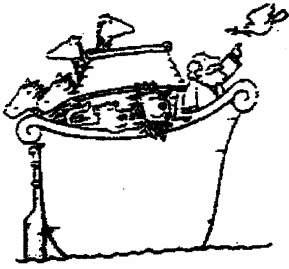
- 3's Program (age 3 by October 1<sup>st</sup>) \$125/month for 9 months
- 4's Program (age 4 by October 1<sup>st</sup>) \$170/month for 9 months
- 5's Program (age 5 by October 1<sup>st</sup>) \$190/month for 9 months
- Workshop (age 3 by October 1<sup>st</sup> & older) \$70/month for 9 months
- Mommy & Me (age 2 by October 1<sup>st</sup>) \$60/month for 9 months
- Time for Tots (age 18 mos. by October 1<sup>st</sup>) \$60/month for 9 months for one session per week or \$120/month for two sessions per week for 9 months
- Lunch Bunch \$6/session prepaid or \$10/drop-in
- Stay & Play \$14/class

### SCHOLARSHIPS ARE AVAILABLE

I have enclosed the nonrefundable \$50.00 (\$75.00 per family) registration fee and agree to send the first month of tuition by 5/13/12 in order to reserve a place for my child in the class above. Registration fee is \$25 for members of Our Redeemer.

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE



# Noah's Ark Preschool

Our Redeemer Lutheran Church  
105 Gateshead Drive  
McMurray, PA 15317



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 2012-2013 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, 2012.

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

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

- In full by September 15, 2012
- Two equal payments by September 15, 2012 and January 15, 2013
- Nine equal monthly payments, May 15, 2012, September 15, 2012 to April 15, 2013

The first month's tuition payment is refundable (less \$35 administrative charge) if the Director is notified in writing by August 10, 2012. 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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McMurray, PA 15317  
Gerda Moul, Director

# EMERGENCY FORM

PLEASE FILL OUT COMPLETELY

School Office: 724-942-6699  
[noahspreschool@comcast.net](mailto:noahspreschool@comcast.net)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell(s) \_\_\_\_\_

Email Address \_\_\_\_\_ School Year: **20**\_\_\_\_ - **20**\_\_\_\_  
(used for school reminders and parent/teacher communications)

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

If both parents work, who cares for the child? \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

List any allergies \_\_\_\_\_

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

Medical Insurance carrier: \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Names of persons (other than parents) authorized to take the child from school:

Name/relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name/relationship \_\_\_\_\_ Phone \_\_\_\_\_

**If someone not listed above will pick up your child from school, you must inform the teachers or Director before pickup time.**

In the event that you cannot be reached in case of illness or emergency during school hours, please supply names and phone numbers of other contacts.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I give permission for a staff member to administer any medication that I have provided for my child.

I give permission for DIRECTOR TEACHERS CONSULTANTS to have access to my child's health information in the school file.

**(Circle all that would be applicable.)**

I understand that in some emergency situations the staff will need to contact the Emergency Medical Service (911) before the parent, child's physician or other adult acting on my child's behalf. In the event of a non-life threatening medical emergency, my child should be transported to \_\_\_\_\_ hospital. If it is a life-threatening emergency, I understand that my child will be transported at the expense of me or my insurance carrier. If no hospital is designated, we will transport to St. Clair Hospital in Upper St. Clair, PA.

I hereby grant permission to the staff of Noah's Ark Preschool to take whatever emergency measures are judged necessary for the care and protection of my child while under the care and supervision of the preschool.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_