



ADMINISTRATIVE SECTION:

Amount: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Online \_\_\_\_\_

NOAH'S ARK PRESCHOOL APPLICATION
2022-2023 Registration

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

Birth Date \_\_\_\_/\_\_\_\_/20\_\_\_\_ If your child has special needs, please list those needs: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent(s) First and Last name: \_\_\_\_\_

Please indicate your first and second choice below. Every effort will be made to honor your first choice.

2-YEAR-OLD PROGRAMS

Older 2's (age 2 1/2 by Sep.1), \$145/month for 9 months (\$1305/year), Mon and Fri 9-11:30

3-YEAR-OLD PROGRAMS

Young 3's (age 3 by Sept. 1), \$145/month for 9 months (\$1305/year)

Monday and Wednesday 9-11:30

Tuesday and Thursday 9-11:30

Older 3's (age 3 1/2 by Sept.1), \$190/month for 9 months (\$1710/year)

Tuesday, Wednesday, and Thursday 12:30-3:00

PRE-K PROGRAMS

Young Pre-K (age 4 by Oct. 1), \$190/month for 9 months (\$1710/year)

Tuesday, Wednesday, and Thursday 9-11:30

Tuesday, Wednesday, and Thursday 12:30-3:00

Older Pre-K/ Transitional Pre-K (age 4 1/2 by Oct 1), \$215/month for 9 months (\$1935/year)

Monday, Tuesday, Wednesday, and Thursday 9-11:30

Transitional Pre-K (age 5 by Sept. 1), \$215/month for 9 months (\$1935/year)

Monday, Tuesday, Wednesday, and Thursday 9-11:30

Please indicate your choice(s) below. These two programs can be additional or standalone classes.

\*SPECIALITY PROGRAMS (age 4 by Sept. 1)

Friday Workshop, \$85/month for 9 months (\$765/year), Friday 9-11:30

STEAM, \$85/month for 9 months (\$765/year), Wed 12:30-3:00

\*\*Lunch Bunch is available for \$10/day

Payment Information

- Non-refundable registration fees:
- \$50 Commitment Fee per child (\$25/child for ORLC members)
- \$40 Activities Fee per child. This fee supports Spanish, Art, Music and Science classes.
- First month tuition for new families is due at registration.
General payment information:
- New families, first tuition payment is due at Registration. Currently enrolled families, first tuition payment is due by 5/15/21 to ensure a class space.
- There is a 3% discount if tuition is paid in full by 9/15/22.
- The sibling discount is \$10 off each month's tuition for the second child who is enrolled.

PARENT'S SIGNATURE

DATE

**Noah's Ark Preschool**  
**EMERGENCY FORM 2022-2023**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

If applicable, caregiver name: \_\_\_\_\_ Phone \_\_\_\_\_

In the event that you cannot be reached in case of illness or emergency during school hours, please supply information for emergency contacts and those authorized to take your child from school.

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

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

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

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

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

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

Are there any special considerations, medical/food aversions/etc., concerning your child? \_\_\_\_\_

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

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

I give permission for the director, teachers, and/or consultants to have access to my child's health information in the school file.

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 is contacted. If time permits, my child should be transported to \_\_\_\_\_ hospital. If it is a life-threatening emergency, I understand that my child will be transported, at my expense, to the appropriate hospital. If no hospital is designated, we will transport him/her to St. Clair Hospital in Mt. Lebanon, PA.

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

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

Noah's Ark Preschool  
**2022-2023 SCHOOL CONTRACT**

By enrolling my child, \_\_\_\_\_, in this program, I agree to follow the expectations set in the Noah's Ark Preschool Parent Handbook. The handbook can be found on our website, or you can request a printed copy.

**FINANCIAL CONTRACT**

I agree to pay Noah's Ark Preschool for the 2022-2023 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 at the time of registration for new families or by May 15, 2022 for currently enrolled families. **A late fee of \$10.00 will be assessed to a payment after the 15<sup>th</sup> of each month.** The first month's tuition payment is non-refundable. 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 1) Mailed to: 105 Gateshead Drive, McMurray, PA 15317 2) Placed in the tuition mailbox in the entrance of Noah's Ark or 3) Paid online at <https://www.OurRedeemer-peters.org/preschool.html>

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

\_\_\_\_\_ In full by September 15, 2022 (with a 3% discount)

\_\_\_\_\_ Eight additional equal monthly payments (September 15, 2022 to April 15, 2023)

\_\_\_\_\_  
Parent or Guardian responsible for payments

\_\_\_\_\_  
Date

**MEDIA RELEASE**

I understand that photographs and videos may be taken of my child participating in a variety of school activities at Noah's Ark. Some of these photos and videos may be used for school-related media such as the Noah's Ark brochure, the school website and classroom newsletters. They may also be submitted to local publications, such as the Almanac. I understand that by indicating my permissions below, my child's photograph and/or video image may be used.

**Please initial to indicate your permission**

**Noah's Ark Facebook page**

\_\_\_\_\_ I give Noah's Ark permission to use my child's photo and/or video.

\_\_\_\_\_ I **DO NOT** give Noah's Ark permission to use my child's photo and/or video.

**Other School-Related Media (including local publications and flyers)**

\_\_\_\_\_ I give Noah's Ark permission to use my child's photo and/or video.

\_\_\_\_\_ I **DO NOT** give Noah's Ark permission to use my child's photo and/or video.

**CHILD HEALTH REPORT**

A Child Health Report should be returned to the preschool office prior to the first day of school. For the safety of all the students, children may not attend without a completed and current Child Health Report on file. You may use the attached Child Health Report or provide one from your pediatrician's office. Immunization records are required.

# CHILD HEALTH REPORT

(55 PA CODE 3270.131, 3280.131, 3290.131, EXCERPT)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST) (FIRST)	PARENT GUARDIAN:						
DATE OF BIRTH:	ADDRESS:						
CHILD CARE FACILITY NAME:							
FACILITY PHONE: COUNTY:	WORK PHONE:						
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.							
PARENT'S SIGNATURE:							
<b>DO NOT OMIT ANY INFORMATION</b> This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.							
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/ TREATMENT IN EMERGENCY (DESCRIBE, IF ANY)							
<input type="checkbox"/> NONE							
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET, ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.							
<input type="checkbox"/> NONE							
CHILD'S ALLERGIES (DESCRIBE, IF ANY)							
<input type="checkbox"/> NONE							
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.							
<input type="checkbox"/> NONE							
IN YOUR ASSESSMENT, IS THIS CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES.							
<input type="checkbox"/> YES <input type="checkbox"/> NO    IF NO, PLEASE EXPLAIN YOUR ANSWER:							
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS (SEE SCHEDULE AT WWW.AAP.ORG)	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
<input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">VISION (subjective until age 3)</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 2px;">HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td style="padding: 2px;">LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

**ATTACH CHILD'S IMMUNIZATION RECORD FROM HEALTH CARE PROFESSIONAL**



## COVID-19 Parent/Guardian Agreement

Revised 1.11.2021, Subject to change

In order to protect our children and staff, I agree to keep my child at home if he/she has:

- Fever (a temperature of 100.4 or more)
- Or any 2 of the following symptoms:
  - Cough
  - Sore throat
  - Chills
  - Muscle Pain
  - Headache
  - New loss of taste or smell

→ If my child has any of these signs of COVID-19, I will not send him/her back to school until:

- My child tested negative for COVID-19 (provide documentation) and is otherwise symptom free

**OR**

- A healthcare provider has seen my child and documented a reason(s) for the symptoms other than COVID-19 (provide documentation)

**OR**

- All are true: 1) at least 10 days since the start of symptoms has lapsed **AND** 2) fever-free and off anti-fever medications for 3 days **AND** 3) completely symptom free

→ If my child is diagnosed with COVID-19, I will not send my child back to school until the following:

- It has been at least 10 days since the start of the symptoms

**AND**

- My child has had no fever and been off anti-fever medications for 3 days

**AND**

- My child is symptom-free

→ If my family travels to an area identified as a “hotspot” by the Center for Disease Control, please alert your child’s teacher prior to beginning your 10-day quarantine.

→ If someone in my household develops a new cough, shortness of breath, or two of the following: sore throat, chills, muscle pain, headache, new loss of taste or smell, I will get that person tested for COVID-19. If that person tests positive, I will keep my child home for 10 days.

Child’s name: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

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