



ADMINISTRATIVE SECTION: Amount:\$ _____ Check # _____ Cash _____ Online _____ Registration # _____

NOAH'S ARK PRESCHOOL APPLICATION
2024-2025 Registration

REGISTRATION WILL BE ACCEPTED IN PERSON ON YOUR APPLICABLE REGISTRATION DATE.
CURRENT FAMILIES: JANUARY 22, ALUMNI AND CHURCH FAMILIES: JANUARY 23, NEW FAMILIES: JANUARY 29

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: _____

School District: _____ What Elementary School will your child attend: _____

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

2 YEAR OLD PROGRAMS (Amount Due: \$240)

Older 2's (age 2 1/2 by Sep.1), \$150/month for 9 months (\$1350/year), Mon and Fri 9-11:30

3 YEAR OLD PROGRAMS

Young 3's (age 3 by Sept. 1), \$150/month for 9 months (\$1350/year) (Amount Due: \$240)

Monday and Wednesday 9-11:30

Tuesday and Thursday 9-11:30

Older 3's (age 3 1/2 by Sept.1), \$195/month for 9 months (\$1755/year) (Amount Due: \$285)

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

Pre-K programs

Young Pre-K (age 4 by Sept. 1), \$195/month for 9 months (\$1755/year) (Amount Due: \$285)

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 Sept. 1), \$220/month for 9 months (\$1980/year) (Amount Due:

\$310)

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

Transitional Pre-K (age 5 by Sept. 1), \$220/month for 9 months (\$1980/year) (Amount Due: \$310)

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

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

*SPECIALITY PROGRAMS (age 4 by Sept. 1)

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

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

**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 all families, is due at registration.
General payment information:
- All families, first tuition payment is due at Registration to ensure a class space.
- There is a 3% discount if tuition is paid in full by 9/15/23.
- The sibling discount is \$10 off of each month's tuition for the second child who is enrolled.

PARENT'S SIGNATURE

DATE

Noah's Ark Preschool
EMERGENCY FORM 2024-2025

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 pickup time.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ 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 the expense of me or my insurance carrier, 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
2024-2025 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 [HERE](#) or you can request a printed copy.

FINANCIAL CONTRACT

I agree to pay Noah's Ark Preschool for the 2024-2025 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 all families. **A late fee of \$10.00 will be assessed to a payment after the 15th 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 www.ourredeemer-peters.org.

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

_____ In full by September 15, 2023 (with a 3% discount)

_____ Eight additional equal monthly payments (September 15, 2023 to April 15, 2024)

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:							
DO NOT OMIT ANY INFORMATION 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	
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HEARING (subjective until age 4)							
LEAD							

ATTACH CHILD'S IMMUNIZATION RECORD FROM HEALTH CARE PROFESSIONAL