

# Noah's Ark Preschool and Childcare

## **Enrollment Agreement**

Please fully complete all of the following information:

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

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or Box number City Zip Code

Telephone Numbers: (H): \_\_\_\_\_

(W): \_\_\_\_\_ (C): \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like to enroll my child in:

**CIRCLE DAYS**

**WRITE TIMES**

### Childcare – Under 2 Years Old

I would like to enroll for the following days each week:

M T W TH F Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

### Childcare - 2 Years thru 12 Years Old

I would like to enroll for the following days each week:

M T W TH F Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

### School Age (5 years – 12 years)

I would like to enroll for the following days each week:

M T W TH F Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

**Circle all that apply:**

AM PM Both AM & PM

Delay/Early Release Only Early Release Mondays Only

Bus Only No School Days

### 3 Year Old Preschool Class 8-11 am

I would like to enroll for the following days each week:

M T W TH F Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

### 4K Class Tuesday – Friday 8-11 am

My child will ride the bus **TO FROM** Noah's Ark.

Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

My child **WILL WILL NOT** need care on Mondays. Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

Wrap around childcare: T W TH F Drop off \_\_\_\_\_ Pick up \_\_\_\_\_

Sign \_\_\_\_\_ Date \_\_\_\_\_

For office use only

Date \_\_\_\_\_ Paid Registration Fee \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_