

Noah's Ark Preschool and Childcare

Enrollment Agreement

Please fully complete all of the following information:

Child's Name: _____ Date of Birth: _____

Circle the child's racial/ethnic group: American Indian/Alaskan Native Asian/Pacific Islander
Black/African American White Hispanic/Latino Multiracial Other (please identify: _____)

Potential Start Date: _____

Parent/Guardian Name: _____

Mailing Address: _____
Street or Box number City Zip Code

Telephone Numbers: (C): _____ (W): _____ (H): _____

Work Company Name: _____

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 4 Years Old

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

M T W TH F Drop off _____ Pick up _____

Circle all that apply for children enrolled in the District 4K Program:

My child is attending a class in the AM PM at what location _____

My child will need to ride the bus TO FROM Noah's Ark

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 for School Year Session:

AM PM Both AM & PM

Bus Only Delay/Early Release Only No School Days

Circle all that apply for Summer Session:

Full Day Half Day Wrap-Around Summer School

Sign _____ Date _____