

Noah's Ark Christian Preschool Registration Form

Mount Cross Evangelical Lutheran Church
8902 40th Street West—University Place, WA 98466
(253) 564-2200

Child's Name _____
Last Name Used First Name Used

Home Address _____
Street Address City, State, Zip

Home Phone _____ E-mail _____

Date of Birth _____ Current Age _____ Sex M F
Circle One

Parent/Guardian _____

Mother's Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

Father's Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

Contract between parents/guardians and Noah's Ark Preschool

I or we are willing to fulfill our participation and responsibilities in the following ways:

- Pay required fees:

(Please Initial)

- 1) Non-Refundable Preschool Registration Fee of \$50 due with registration form.
 2) Tuition by the 5th day of each month.

- Attend a Noah's Ark Preschool orientation
- Keep child at home if there are any signs of any communicable disease.
- Give permission for my child to receive health-promoting screening services, such as: vision, hearing, communication or development. I understand that I will be informed of the dates and results of my child's screenings.
- Complete and submit all forms required by the school including: *Confidential Information Form, Consent for Emergency Medical and Surgical Care, and Certificate of Immunization, and Child Release Form.*
- Give permission for my child to be taken on supervised field trips throughout the school year, by foot, car or church van, as notified by the preschool.

Please Check

- Y N Allow my child to be videotaped and/or photographed during class activities for educational purposes only.
Y N I give permission for my child's name, phone number, and address to be included in the preschool directory. This directory is given to preschool parents only.

By signing the portion below, I or we are willing to meet the above requirements and to abide by the constitution, standing policies and handbook of Noah's Ark Preschool.

Mother/Guardian Signature _____ Date: _____

Father/Guardian Signature _____ Date: _____